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Communications.

DISEASES OF THE MOUTH.

BY JAS. E. GARRETSON, M. D.,
Of Philadelphia.

Phosphor-Necrosis.

Outside of the association of a patient with phosphorus, there is nothing which, to an ordinary observer, would distinguish the incipient condition of this loathsome disease from a case of commonly severe periodontitis.

The first sign of a commencing phosphor-necrosis is found in one or more teeth becoming sore to the touch, feeling, on the occlusion of the gums, as if raised in their sockets; a short time, and the surrounding gum begins to swell, and in the character of this swelling is the first distinctive sign. It is not the acute, firm, inflammatory swelling of periodontitis, or ordinary necrosis, but from the beginning has a puffy, debased, and degenerating look. You feel as if you might hesitate in adopting any very decided antiphlogistic treatment, or indeed, in employing any other than an expectant one.

Phosphorus acts both on the upper and lower jaw-bones, but, according to my observation, seems to have a much more decided predilection for the lower; as nine to twelve, perhaps.

The history of a case of phosphor-necrosis might be epitomized as follows. Either from a local or constitutional influence, I was undecided which, a degenerative inflammation commences in the alveo-dental periosteum, or in the substance of the bone; I incline most strongly to the belief of its commencement in the latter. The degeneration of this bone progresses until its enveloping periosteum—which remains unaffected, as its vitality is concerned, by the disease—separates from it. The bone dies in bulk or in part. In the lower jaw, the body alone commonly dies, the rami remaining unaffected. In the upper, one cannot well infer where the demarkation will occur. During the process of death, the periosteum, particularly in the lower jaw, is most ac-

tive in the reproduction of new bone, this new bone enveloping the dead, not, according to my observation, completely, but below and on the sides, making a gutter, as it were, holding the dead bone. The separation of the dead from the living bone, when the dead part is at all extensive, occupies a period of from seven to nine months, and is attended with the formation of many sinuses, both in the mouth and about the neck, being very exhaustive to the patient, both on account of the great suppurative drain and the nauseating character of the discharge. The whole of the soft parts associated with the affected jaw, the periosteum perhaps excepted, sympathize warmly during the whole process of the dying and separation, looking indeed as if very badly affected with scurvy. At the period above alluded to, the separation being completed, the surgeon may remove, with little effort, the sequestra, the sinuses then heal, and the parts recover with as little deformity as attends the extraction of the teeth and the ordinary absorption of the alveolar process.

This, I think, will be found the common history of this disease. I have seen and treated many cases, and it is thus that it has presented itself to my observation. I might perhaps add, that the teeth, influenced by the advancing disease, loosen one by one, so as to make necessary their removal long before the bone is ready to come away.

The treatment which I have pursued in phosphor-necrosis, and which I think will be found very satisfactory, consists in the employment of means which shall circumscribe as much as possible the disease, which shall hasten the process of limited death and the accruing separation, and which shall support the patient under the drain to which he is necessarily subjected.

Acting on the impression that there may exist, either in a systemic or local relation, phosphorus, whose force may be susceptible of neutralization, I direct both locally and internally the mineral antacids, the ordinary magnes. carb. is perhaps as good as any other; a teaspoonful twice each day in a goblet of water. In the mouth, as much as may be laid on a three-cent piece may be put three or four times a day, and this local and sys-

temic medication is, by the way, a very admirable prophylactic to unaffected workmen.

When a case presents in its very incipiency, that is, simulating or developing periodontitis, I commence the local treatment just as I would that of the periodontitis. If the inflammation has about it anything of a healthy acuteness, I limit as much as possible all external irritation, by softening in the gas flame or by the stove a piece of gutta-percha, and mould it over some opposite tooth, or tooth furthest removed from the seat of trouble, a mouthful of cold water hardens this cap, and thus occlusion against the sore tooth or teeth is prevented. A dose of Epsom salts or other saline cathartic is ordered, and a mustard poultice is applied to the side of the face or back of the neck. A hot pediluvium is found sometimes to act very happily as a derivative; or a diaphoretic, such as the spirits of mindererus, may serve a very good end.

If I first see the case—and this is most apt to occur—when a discharge has made passage for itself by opening through the gum at the neck of a certain tooth or teeth, I immediately make a free incision through the soft parts down upon the bone, syringe the parts thoroughly with some medicated water, stimulating or antiseptic, or both, as indicated. Having the parts well cleansed, I stuff the wound, which has been made with cotton or sponge. This is repeated the next day and the next, until, particularly as the syringing is concerned, it may be absolutely necessary to repeat it a dozen or twenty times per diem, the progress of the disease being so marked by discharge and offensiveness. As day by day, the cotton or sponge stuffing is renewed, it is insinuated gently between the separating periosteum and bone. This manipulation will be found to hasten the separation wonderfully, and expedite the cure of the case.

It might here be asked, perhaps, by some one, "If this process of working off the periosteum is not an unsurgical proceeding, compelling an extension of the disease beyond that which would have been the result if left to itself?" I can only answer from my experience in different modes of treatment, and say that I am perfectly satisfied that this could not be the case, and that the result is for the good of the patient in every way, the portion of bone destined to die has its death markedly hastened; the sooner the death, the sooner the separation; the sooner the separation and exfoliation of the sequestrum, the less exhaustive to the system.

The compound tincture of capsicum with an excess of myrrh and an addition of the perman-

ganate of potash, is an excellent wash for the mouth in these cases. Cold water, with a little common salt dissolved in it, can be used ad libitum.

The sinuses which are so apt to form upon the neck, in defiance of all treatment, and which greatly annoy by their discharge, are most comfortably treated with dressings of patent lint. Once formed, it is a waste of time to attempt the healing of them; they will only get well when the source of offence in the dead bone is removed. I never have been able to heal one before.

I have remarked that the death is limited in the lower jaw to the body of the bone, the horizontal portion, the demarcation occurring at the angle. I think this, in the vast majority of instances, will be the case, particularly if the treatment has been properly directed. Seven months will be found the minimum time required for the course of the disease. Nine months the more common time, and fifteen the maximum. The drain during most of this time is immense, the patient requiring the most generous tonics and substantial fare. This attention to the repair of wear and tear, is perhaps of greater consequence than any local treatment; certainly, if I could not have both, I would think my chances best with the former. To commence, however, with the ordinary medicinal tonics, I believe to be ill-advised. One cannot keep on forever with them, and by employing them in the beginning of the disease, we lose their powerful assistance at a time when every help is found weak enough at the best. Good underdone roast beef is quite enough for the first two or three months, then an addition may be made of generous malt liquors, together with the salt bath. The latter portion of the time will demand iron, quinine, brandy. The hemorrhages, sometimes so profuse, are held very well in check by the exhibition, once or twice weekly, of tinct erigeron.

The period at which the sequestra is ready to be taken away can only be known by examination, the proper treatment being, as I at present think, to wait always until the separation is complete, be this a longer or a shorter time. Nothing, I am satisfied, is gained, by expediting the removal through operative proceedings, as by breaking the bone away, using the chain-saw, etc., while the risk to life is very considerable. To wait patiently, keeping the system capable to the demand on it is the surgeon's highest duty; to do more is to do harm.

The removal of the bone is always to be effected from the inside. I do not think an outside incision will ever be found necessary. If the

opening along the gums, obtained in the treatment, is not great enough, it is easily enlarged to the extent desired.

A step preliminary to the removal of the body of the lower jaw, is its division at the symphysis. This is most easily accomplished by means of the straight-cutting forceps. It is better to cut little by little, from above downward, than to crush through the bone with a single cut; it does not hurt or shock nearly so much. The operation is not a severe one, seldom demanding the patient to be etherized, and yet it is generally enough to be borne at one sitting.

To take away the bone I have never found anything better than the ordinary tooth-forceps, such as is in common use for the extraction of the inferior incisors and bicuspids. With such forceps, the most perfect control of the part is secured, and the removal, as a general rule, easily effected.

A trouble frequently encountered, and one which undistinguished, would prove confusing and deceptive, consists in a grasping of the sequestrum by the lateral overlying tissues—not the new bone, but the indurated soft parts. I recall just now a case which I once had under treatment, where the dead bone being thus held, the physician had been waiting for the separation a period of over two years, being deceived entirely as to the condition of the part. To satisfy oneself as to the state of parts, pass a small hook under the bone, and lift; if the bone yields sprightly, it is only thus held, and may with safety be pulled through; if, on the contrary, it is firm and unyielding, it is to be left alone, separation has not yet taken place.

In the reproduction of the new bone, which, at the period for the removal of the old, will be found to have obtained such character as to keep up perfectly the shape of the parts, the observer will be struck with the excess deposited along the middle line of the mouth; it seems as if the floor of the mouth was a mass of bone, and which indeed it really is. Nothing, however, will be found necessary to be done with this excess, nature taking all proper care of it.

Phosphor-necrosis attacking the upper jaw, is not, I think, so much to be dreaded as that associated with the lower. It is seldom so formidable in its nature or so destructive in its progress. I have seen the disease in these parts run its whole course with an entire absence of acute action. A portion of bone dies and the surrounding soft parts seem utterly indifferent. One would scarcely know anything abnormal was going on, were it not for the indication given in

the loosening of the teeth, and these drop out somewhat as they would out of the dried skull. This, however, is, of course, not the common history. The inflammatory action is of the same type as that associated with the disease in the lower jaw, but more limited in extent and consequence, and much more susceptible to remedial measures. A bad feature consists in a marked tendency to recurrence of the trouble, but I believe this will mostly be found to be within the control of the surgeon. I think I am justified in saying I have commonly found it so. The removal of sequestrum here is a trifling matter, comparatively little dissection letting the piece pass.

At the Medical Congress in Zurich, Switzerland, Prof. BILLROTH, in citing his experience with phosphor-necrosis, remarked that in attacking the upper jaw, it seemed to act with greater and more destructive force, and was more unmanageable.

I do not know how to reconcile these differences in clinical observation, unless an explanation may be found in the implied greater tendency to return which exists on the part of the disease, when situated in the upper jaw. In the lower jaw, the full part that is to die seems impressed from the beginning. That is to say, a certain portion seems predestined to die, and it dies in defiance of all you may do. Not that the evidence of the disease is general over all the involved part from the beginning; on the contrary, as I have said, the incipient stage is markedly localized; but then, day by day, and week by week, the trouble extends over the apparently predetermined or preimpressed part. When the death occurs, it is a single death, and when the piece is cast off, there is not apt to be any renewal of the trouble. The sequestrum of the upper jaw, on the contrary, is generally small, some portion, most likely, of the alveolar process, but unless the treatment is of the most supporting and specific kind, it is apt to repeat itself, again and again, but your treatment will be responded to here, and thus, with care and attention, you have the amount of destruction comparatively under control. If it is found more unmanageable in Zurich, then the means would not seem to be so well adapted to the end as those here employed, or otherwise the circumstances must be different.

Again, at the same Congress frequent resections are commended. To be so commended, they must of course have been found to answer a good purpose. The patients who have their jaws resected for phosphor-necrosis disease in this country generally die, or if happily they escape death,

they do not find their disease cured without an inflammatory sequestrum at last.

An important objection to the operation of resection, even were the question of life not involved, is the great resulting deformity. Let nature take her course, and there is little or no deformity. My very last patient was a gentleman for whom I removed—or rather waited on nature's removal—the whole body of the inferior maxilla, and I will guarantee that no one could tell whether it had been a case of necrosis or of simple extraction of all the inferior teeth, with the consequent alveolar absorption, so perfect has been the repair in accordance with the destruction. The objection that this new bone keeps up the trouble by becoming involved in the diseased action, is not according to my experience. If it becomes involved, I think it has not been properly cared for. Careful and properly repeated syringings with water medicated with iodine and creosote will protect it.

[To be continued.]

MEDICAL FRAGMENTS.

BY PROF. A. P. DUTCHER, M. D.,
of Cleveland, Ohio.

A Case of Pulmonary Tuberculosis, with Extensive Tubercular Deposits in other Parts of the Body.

January 2, 1866.—I was called to see W. L. T., aged 28, of the nervo-bilious temperament, a machinist by occupation. I was informed that he had commonly enjoyed good health until about three months since, when he had what his physician called typhoid fever. His life was despaired of for several days, but he gradually rallied and has ever since been laboring under a variety of annoying symptoms, such as indigestion, diarrhoea, pain in the back, frequent micturition, painful retraction of the left testicle, cough, and copious night sweats, and on two occasions slight haemoptysis. Has considerable strength and could take exercise if it was not for the retracted and painful state of the testicle.

For about three years previous to this illness he had charge of the machinery of a large iron works. This required his utmost attention to keep them in running order, frequently being compelled to labor day and night. So long as his digestive organs maintained their integrity he engaged with delight in his occupation, and felt no lack of physical ability to endure such severe toil. Being very ingenious in mechanical engineering, he was frequently consulted by those engaged in the same business, and would spend those periods which should have been devoted to rest, in solv-

ing their difficulties. All these things, no doubt, contributed to produce that dyscrasia that led to the extensive tubercular disease, which ultimately terminated his existence. I could learn nothing in regard to his hereditary proclivities, for he was a foundling. He was an individual of commanding personal appearance, of no ordinary intellectual power, very mild in his disposition, and withal a sincere Christian, one who could die

*"Like one who wraps the drapery of his couch about him,
And lies down to pleasant dreams."*

At the time of my first visit he presented the appearance of a person suffering with serious organic disease. The tubercular cachexia was marked. Thompson's gingival margin was prominent upon the gums of the upper and lower jaw. Pulse 112 per minute and very feeble; respiration 30; tongue red and pointed; mucous membrane of the throat injected; appetite and digestion bad; bowels tender on pressure, swollen and relaxed. His urine is scanty, and has been so from the commencement of his illness, daily quantity estimated at six ounces, light straw color; nitric acid and heat show it to contain considerable albumen; under the microscope large pus-globules and oil-globules and torula cells are found in abundance. Cough annoying; expectoration muco-purulent, small in quantity; under the microscope it exhibits mucous and pus cells, tubercular granules and a few pulmonary fibres. Feet and hands oedematous; fingers clubbed and nails incurvated. Complains of pain in the back and a disagreeable fulness in the region of the stomach. On pressure there is marked tenderness over the region of the kidneys; deep pressure on the abdomen produces pain in the same situation. Has no chills or fever at present, and would rest well at night if it was not for the copious perspiration. Mind, hopeful and thinks with proper care he will soon be well.

A careful physical exploration of the chest elicited the following: A capacious chest well formed. On inspection, the expansion movements of the two sides are unequal; the right lung appears to be laboring prodigiously, while the left is almost suspended. Percussion is perfectly flat for about three inches under the left clavicle, but not quite so much so on the right side, over the whole of the part corresponding to the upper lobe. On the right side auscultation elicited loud bronchial respiration from the summit to almost the base of the lung; and between the shoulder humid rales were distinctly heard. On the left side clicking was loud just under the clavicle; and pectorilochy was very distinct over the entire region of

the superior lobe. The impulse of the heart was very feeble, and the first sound inaudible.

From the clinical history of this case the diagnosis appeared to be perfectly obvious; granular disease of the kidneys, softening of the heart and tubercular disorganization of the superior lobe of both lungs. The prognosis was very unfavorable. The patient was assured most positively that he could not recover. With this understanding I consented to prescribe for him, and under the use of tonics, mild diuretics, and such articles of diet as the stomach could easily digest, he was made comfortable, gained strength, and could take exercise out of doors, walking, on one occasion, half a mile.

About the first of March a new difficulty presented itself. He had for several days complained of pain in the region of the neck of the bladder, with a return of his old troubles, painful micturition and retraction of the testicle. On rising from bed one morning and attempting to pass his urine, he found that nearly all of it came from the rectum. An exploration of the parts led to the discovery of a large fistulous opening between the rectum and the bladder, just above the neck of the latter, on the left side, through which the urine passed.

Various means were employed to obviate this annoying difficulty, but without success. Day by day the patient became weaker; his appetite now failed; his bowels obstinately constive; urine entirely suppressed; symptoms of uremia soon presented themselves and clonic spasm terminated his existence on the morning of the 6th of April. For three weeks previous to death, the kidneys failed to respond to the action of diuretics. The quantity of urine gradually grew less until it ceased entirely. Under the microscope it presented at this period nothing worthy of special note, excepting an increase of the pus cells, which were numerous and very large.

Post-Mortem Thirty-Six Hours After Death.

Exterior. Emaciation not extreme. Inferior extremities somewhat infiltrated with serum; abdomen distended; phlyctenæ at the inner and upper part of the thighs, where the skin was of a light-red color; slight œdema of the upper eyelids and lips; sub-maxillary glands very much enlarged and very hard.

Chest. The left lung was intimately adherent to the costal pleura from its summit to its base. A portion of the upper part of the superior lobe was indurated, containing large masses of tubercular matter in nearly every stage of transformation, surrounding a vast excavation capable of

containing a pint or more of fluid. This cavity connected with the bronchial tubes by three large openings. It contained a small quantity of purulent matter; its rales were rugged and presented the appearance of pulmonary tissue in almost every stage of disorganization. Immediately beneath this cavity there were several small ones, which communicated with one of considerable magnitude, that extended far down into the inferior lobe. This chain of excavations had no connection with the bronchial tubes. It was filled with ill-conditioned tubercular pus, and its walls were lined by a smooth, delicate membrane, common to tubercular cavities of recent formation. In the remaining portion of the inferior lobe there were a large number of tubercular deposits, varying from the size of a pea to that of a walnut; the pulmonary tissue surrounding them was of a dark-red appearance and very much congested, rendering the entire lobe perfectly useless.

The right lung was slightly adherent between the third and fourth ribs. About one-fourth of the upper portion of the superior lobe was perfectly consolidated from the infiltration of yellow tubercle, while the remaining portion of the lobe was occupied by a very large cavity filled with tubercular pus; this excavation was lined by a membrane similar to that in the left lung, and had no external opening. The middle and inferior lobes contained numerous tubercular masses in various stages of softening, and the surrounding pulmonary tissue very much congested. The bronchial glands generally indurated from tubercular deposits, and several of them were in a state of softening. The bronchial mucous membrane was unusually red throughout its whole extent, and congested, but no tubercles were found upon its free surface. The heart was small, its walls very thin and soft. The pericardium contained about four ounces of serum.

Abdomen. The stomach contained a large quantity of undigested food, but presented no abnormal appearance. The duodenum and small intestines were healthy; the colon was unusually large and impact with fecal matter, from the cæcum down to the sigmoid flexure; the rectum was empty, and its mucous membrane injected and red. The mesenteric glands were increased in volume and almost wholly tuberculous; this was also the case with the mesocolic, and also the right mesocolic glands. Liver pale and slightly adipous. The spleen contained several tuberculous masses of a large size, and its tissue was redder than natural. The kidneys were much larger than common, of a pale pink color, very soft, and when opened exhibited all the appear-

ances of fatty degeneration coupled with tuberculosis. In the inferior portion of the left kidney there was a large mass of tubercular matter undergoing the process of softening. Its state presented a fine illustration of the doctrine that tubercular deposits always commence at their centre to soften. The central portion of the mass was as thin as ordinary pus, and as we proceeded from within outward, its density was found to increase until it became as hard as tubercle in the last stages of induration. Annexed is a diagram of the kidney. It is represented one-third the size of life; laid open equally from its summit to the base.



The bladder was small, but exhibited no lesion, excepting the fistulous opening already mentioned; this appeared to have been caused by the softening and expulsion of a mass of tubercle situated between the rectum and bladder. The location of the prostate was occupied by a large cavity, which had a small opening into the fistulous passage from the bladder to the rectum. So far as I could see, not a vestige of the gland was left. The left testicle was retracted by the contraction and induration of the spermatic cord. The vesiculae seminales were rather voluminous, indurated, and filled with a very firm tuberculous substance, divided into masses by the natural cellular intersections of the parts.

The head was not examined.

This case was unique in several particulars:

1st. The rapidity with which the disease

was developed and proceeded to a final termination.

2d. The extent of the tubercular deposits and the number of the organs involved.

3d. The fatty degeneration of the kidneys, the large tuberculous mass in the left, and the prevention of uremia from the abolition of their functions.

4th. The fistulous opening between the bladder and rectum, the total destruction of the prostate gland, and the invasion of the vesiculae seminales by tubercular infiltration, presenting at once a mass of ruin seldom met with in the history of pulmonary tuberculosis.

PHYSIOLOGICAL AND PATHOLOGICAL
RELATIONS OF THE TRUNKAL MUS-
CLES, WITH THE THERAPEUTIC INDICA-
CATIONS INVOLVED.

BY E. P. BANNING, M. D.,

Of New York.

(Continued from p. 37.)

Having now considered the influence of a relaxation of the trunkal walls upon the inferior extremities, the bladder, ureters, kidneys and prostate gland, and shown that in the management of chronic affections of these organs, an element of mechanical therapeutics is indicated, I propose now to consider the effect of visceral depression consequent upon muscular and ligamentous laxity, upon the abdominal and pelvic portion of the alvine canal, confining myself wholly to the physical and philosophical department of the subject. And if I seem to ignore the domain of medicine, and to be "a settler-forth of strange gods," it is only because I now seek to elevate some fundamental truth from the condition of a mere *latent fact*, to that of an active powerful and concordant principle. And first,

Of the pelvic portion.

Here, it is again necessary to ask a moment's attention to the considerations embraced in the two figures heretofore published, in their relations to the several functions of the rectum.

It is plain (not to tediously recapitulate) that by and through the permanently elevated condition of the abdominal organs, and the proper oblique bearing of the pelvis, brought about by the advanced position of the dorso lumbar spine as in fig. 1, that the rectum is very considerably, if not *totally* sheltered from superincumbent pressure, and is left to the free and full exercise of its use in the fecal function and the hemorrhoidal circulation. In such a condition the rectum may be either slowly or suddenly filled, by the unappreciable vermicular action of the colon, jeju-

num, and ileum, and the peristaltic arterial, and the valvular hemorrhoidal circulations are each steadily performed, with no special effort or stress of any fibre; and so the diurnal alvine, and the perpetual portal circulation are carried on according to order. But in the depressed condition of the viscera as represented by fig. 2, (the perfect mathematical contrast of figure 1,) we see, both from the drooped form the retracted epigastrium, and the tumid hypogastrium, that there must be a more or less settling of the intestines into the inferior pelvic strait, and that they are most liable to correspondingly impinge upon the rectum, and as the sacrum is unyielding, the effect will be to embargo, both the descending feces, and the ascending hemorrhoidal circulation; thereby, of necessity, initiating, if not consummating, both constipation and hemorrhoidal congestion.

Therapeutic Indications.

Of course, when constipation and hemorrhoidal congestion are primarily induced by hepatic torpor, or other pure constitutional influences, medicine and hygiene, are usually adequate to the cures. But when the above morbid relations are in operation, it must be manifest, that applications through the mere organic susceptibility, unaided by some rational *physical* force, never can fully enfranchise the oppressed circulations. Hence we learn why it is, that the retracted epigastrium and full hypogastrium—or else a remarkably flat one—are usually concomitant with constipation and hemorrhoids,* and, also, why it is that established constipation and hemorrhoids, are so seldom more than mitigated, so long as only alterative and aperient means are continued, simply because the *non-feasance* is sustained in perpetuity by a more or less perpetual mechanical force. Cathartics diminish the congestion and irritation by exciting secretion and a temporary peristaltic action, and so also temporarily mitigate hemorrhoids, by softening and evacuating the impacted feces which have been adding to the obstruction of the hemorrhoidal veins by an irritating pressure from within. We also see why the best performed operations for hemorrhoids have so frequently to be repeated, simply because the abdominal viscera are not properly elevated. Hence the congestion of the veins continues, and fresh portions of the mucus membrane are forced down under the usual straining, caused by the concomitant diarrhoea or the expulsion of hardened feces; and lastly, we see why constipation is so gene-

rally a concomitant of piles, the latter being the simple sequence of the former. Surely, then, whatever else may be deemed necessary in the premises, we are coerced to say, that a thorough elevation of the body, and an elevating support to the bowels are indicated.

Finally, I conclude by affirming that the above deductions are sustained by a large number of practical tests.

Case 1. A young lady of 21, slight build, was about totally constipated, skin had become dark and mottled; odor of the body musty; breath offensive; headache was perpetual, with habitual drowsiness, hands and feet cold; eyes dull and yellow. She was sent to me by Prof. De La Mater, as an extreme test of the principal of abdominal and dorsal support in most unyielding constipation, where alteratives and cathartics had not only failed to cure, but also, to move the bowels temporarily.

In this case, as there was no peculiar appearance at the epigastrium, or hypogastrium, I entertained but slight hope from support, but made the application with the happiest results. The diurnal evacuations were re-established. The smutty appearance of the skin, pain in the head and drowsiness, disappeared.

Case 2. Aged 27—had been seven years so constipated that but one partial evacuation a week could be obtained by all the cathartics and enemas which could be administered. She was so extremely emaciated as to be nearly destitute of a supporting point at the abdominal base, her form was greatly retracted at the stomach, from having spent several continuous years in a semi-vertical position in bed; limbs were of marble coldness, her stomach rejected everything. To this case a supporting brace was applied, her head and shoulders were laid very low, and her hips elevated above the shoulders, by ten inches of blocks under the feet of her bedstead, nothing else was done; in about thirty minutes she called for the chamber, and in about the same time ordered hot bottles taken from her feet, "they were too warm." This was followed by four evacuations per day, for four successive days. Evacuations appeared like branny scales, which had been packed away, and had no odor. On the fourth day flocculi of bile appeared, and in about ten days the bowels returned to one daily movement; irritability of stomach disappeared. She shortly after recovered her flesh, and has since become a healthy wife and mother. The rationale of these representative cases I take to be this, viz., the support and change of posture, first removed the obstruction from the rectum; 2d. That the up-

* The compression of the rectum is usually much more extreme, in the retracted abdomen, in consequence of the visceral descent being more vertical and direct.

ward pressure and support acted as a stimulant to the stomach, liver and bowels, which had become dormant in consequence of having lost that organic tone, which is so dependent upon reciprocal warmth and support, through the energetic action of the abdominal and dorsal muscles.

Of Abdominal Support for Hemorrhoids.

Case 1. A married lady, aged forty-five, after continued constipation, became the subject of hemorrhoids to such an extent that evacuations could only be effected during the recumbent position, for something like one hour. Said nature was ready, but on bearing down, something choked the passage, but after bleeding freely she could succeed. External tumors, very tender when in vertical posture, require several hours to recover from the effort to evacuate; called doctors humbugs. To this lady I did nothing but support the abdomen and back, by which she seemed reinvigorated on same day of application, and amazed her family by tacking down a carpet.

Relief to both constipation, hemorrhage and hemorrhoidal tumors in this case, came by so supporting the abdomen as to remove pressure from rectum and veins.

Case 2. A very tall and lank-bodied clergyman, surrendered his pulpit, owing to exhausting hemorrhoidal hemorrhage, and painful external tumors whilst standing. Had become nearly exsanguined; his abdomen was extremely flat and flabby, and he complained not only of a sense of constant pressure at the anus and the hollow of the sacrum, but also of what he termed a "gaunt and gone feeling at the stomach," felt better when he braced up his abdomen with his hands: applied abdominal and dorsal support with an immediate general sense of comfort. Two weeks after, he reported himself well; his strength was improved, color good, and all pain, tumors and hemorrhage had ceased. Said he was able to return to his pulpit.

It is with reluctance that I refrain from a citation of many cases of extreme *prolapsus ani* also, which came under my care in the army hospitals at the front and in the cities, showing incontestably that the above principles apply to the severest of such cases, without one excepting instance.

Effects of Muscular Relaxation upon the Abdominal portion of the Alimentary Canal.

Of course it is obvious that the effect of abdominal laxity, is that of deficient support to this portion of the alimentary canal.

First, then, before we speak of the results of muscular laxity, let us clearly understand the *normal status* of the abdominal viscera under a

strong condition of the muscles, and what are some of the benefits of such a normal state, viewing the subject purely in the light of reason and known physiological axioms. It is palpable, that with all the muscular braces in full vigor, the force of visceral gravity is not merely negated, but that the whole abdominal series are aggressively in the ascendant, (a perpetual *flood tide of viscera* as it were) wherein each lower viscera is compelled to crowd upward its successive neighbor, until the diaphragm is rendered not only *concavo-convex*, but also actually *tense*. This is the normal and objective condition, from which are derived the following palpable benefits:

First. The viscera are physically protected and preserved in the position best adapted to educe their respective functions.

Second. Their animal heat is increased by juxtaposition.

Third. The vital and functional tone of the viscera is greatly exalted, by virtue of the stimulus of pressure, according to order.

In this normal physical state then, all things being equal, we may expect a comfortable physical state of the organs, an energetic digestion, and a high degree of vital force for maintaining their functional equanimity under disturbing influences.

This prepares us to foresee, that a depressed condition of the viscera, consequent upon a laxity of their muscular and ligamentous braces, produce the following sensational and functional results:

At the tumid hypogastrum may be experienced a sense of dead weight. Also, at the locality of the stomach, liver, and spleen, a sense of "emptiness and goneness," and dead, dull, hanging, or dragging weight, all of which are aggravated on erecting or jolting the body.

Indeed, what practitioner has not frequently met these unintelligible expressions, and passed them as "whims," prescribed generally for them as "nervous weakness," or else diagnosed them to be chronic inflammation of the diaphragm, stomach, liver, or spleen, and *laid seige* to them by tonics rubefacients, the cautery, and internal remedies, under the impression that their origin was inherent.

On this point I bear conscientious testimony that many thousand of such anomalous cases, after lengthened heroic treatment, have come under my notice, who often, in an incredibly short time, have been completely relieved; that they were not suffering from *primary disease*, but from

a morbid mechanical condition of the viscera and their ligaments.

The simple fact is, that these patients are not all spleeny fools, and that these quaint expressions are the simple and eloquent indicators of the morbid physical bearings of the viscera; and most forcibly indicate what at least a portion of their treatment should be.

Said Professor SAMUEL JACKSON, "a certain lady was always perplexing me about her sense of *gomeness at the stomach*; and when I told her there was no such a symptom in the books, and when I pressed her to explain herself, she said, 'Well, I feel at the pit of my stomach like a *drawn chicken*.' This," said the Doctor, "gave me some inkling of the case, but it remained for you, Doctor, to unfold the philosophy of it in its completeness."

Said an elegant lady to her physician, after having been treated, for twelve years, by salivations, bleedings, leechings, and blisters, for a chronic inflammation of the liver: "Doctor, my liver is not sick, it simply feels as though it were hung from where it is hitched."

In both these cases their *contour* was like that represented in fig. 2.

But if so slight a violation of this primary law of place so potently affects the grosser attributes of the viscera, much more may it affect those finer susceptibilities which eliminate their *vital* functions. Hence, we see that under a consequent diminished animal heat, and low vital tone of the stomach, liver, and pancreas, we may expect any of the phases of visceral derangement from those affecting the functions of the *body*, to those which unbalance and disturb mental, moral, and social attributes of the system. These effects may manifest themselves in the form of torpor, or irritation; or may assume both phases in alternation, they being but different manifestations of one and the same principle.

[To be continued.]

CASE OF CANCER OF THE STOMACH.

By C. P. FROST, M. D.,

Of Brattleboro, Vt.

[Read before the Vermont Medical Society.]

Charles Thomas, at his death aged 65 years, a man of large frame and great muscular power, weighing at one time 300 pounds, was compelled to desist almost entirely from labor in Nov. 1865. Previously to this time he had complained of his stomach, and had at times vomited his food. He did not place himself under the care of a physician till about the middle of May, 1866, when my partner, Dr. G. F. GALE, was called to see him and

he was subsequently visited by us both. About the time of Dr. GALE's first visit, he had vomited a large quantity of blood and had also passed some by the rectum. The same thing had occurred once before, though the amount of blood lost was not as great in the first instance as the last. At this time there had been considerable emaciation, the pulse was almost imperceptible at the wrist. There was no fulness to be detected over the stomach—and no tenderness on pressure, except at a point in the right hypochondrium. He suffered, however, continually from pain in the stomach and matters taken into the stomach were almost immediately rejected in some instances, and often without any change in appearance, or in taste to the patient. The diagnosis, at this time, easily made out was that the location of the disease was at the cardiac orifice of the stomach and was either ulceration (simple) or cancerous disease. On the 4th of June he vomited what appeared to be portions of the mucous lining of the stomach, separated by sloughing from the sub-mucous tissue. The pieces were an inch and a half long, by nearly half an inch wide. He was unable to swallow anything at all solid for some weeks before his death, and for ten days of the last of his illness, probably no nutrient passed into his stomach, nearly everything being stopped in the oesophagus and in a short time ejected by eructation.

He died June 11th, after several days of extreme suffering. An autopsy was made ten hours after death. The body was greatly emaciated, and would hardly weigh more than 125 pounds. On making a section of the abdominal walls, the stomach was found much contracted. It was removed with the lower portion of the oesophagus. At the cardiac extremity and lesser curvature in front was found an opening through all the coats of the stomach, including its peritoneal covering. This opening was nearly circular and about one-fourth of an inch in diameter. This was covered by the left lobe of the liver, between which and the portions of the stomach surrounding this opening slight adhesions had formed; and a spot of ulceration of the liver had commenced over the opening in the stomach, extending from that opening toward the oesophagus was an ulcerated surface from which the mucous membrane had sloughed. There was also a deposit of hard white substance near the orifice of the stomach, which was believed to be scirrhus—and throughout the sub-mucous tissue in this region and extending for half an inch or more up the oesophagus, was a deposit which increased the thickness of these walls. When this was thickest, the wall was

readily torn by the fingers—it was hard to the touch, and of greyish white color. ROKITANSKY enumerates as the distinguishing marks between simple induration and hypertrophy of the stomach and scirrhus, the preponderating increase in the latter, of substance in the sub-mucous cellular tissue and its want of uniformity, the accompanying cartilaginous hardness and closeness of texture, the fusion with the mucous and muscular coats and particularly the alteration in the muscular tissue itself.

Microscopic examination confirmed the decision that it was cancerous disease, so satisfactorily made out by its correspondence to ROKITANSKY'S description of cancer of this organ.

THE FIRST CASE OF CHOLERA IN NEW YORK, IN 1866.

BY E. H. M. SELL, A. M., M. D.

Whilst in the drug store of SPANGENBERG & Zitz, No. 883 Broadway, at half past two P. M., Tuesday, June 26th, the saloon-keeper of 889 Broadway, corner of Nineteenth street, came in, requesting one of the apothecaries to go with him, stating that Officer JAS. M'CORMICK of the 29th precinct of the Metropolitan Police authorized him to call in the first medical aid he could find, as a woman was suffering in his saloon of sun-stroke, and apparently in a dying condition. But the reply was: "We are no doctors here and do not go out; call in the nearest doctor." The man responded that the case was urgent and he knew no doctor near at hand. I then informed him that I was a physician, and was ready to accompany him if he desired. He gratefully accepted my services and we soon joined the officer with the patient. Cold was applied to the head, and five grains of the muriate of ammonia were administered, and she soon recovered her sensibility and speech, when I learned the following facts from herself: that her name was Margaret Alice Firth, and that in the Bowery she had fainted and had been treated for sun-stroke in a drug-store, and after feeling better she, by riding in the cars and walking fast in the sun, had reached the above named place, where she entered and asked the saloon-keeper's permission to sit down awhile, as she felt very sick. A few minutes after she fell fainting from her chair. Here I was called in. Her fainting was due not so much to the direct rays of the sun as to her own physical weakness, not having eaten anything since the previous Saturday, and suffering all that time from diarrhoea. On the day and night previous she had been intoxicated, according to her own confession, having taken at least a dozen

glasses of spirits, which, together with the overheating of her blood in the sun, produced the passive congestion, simulating insolation. Before all these facts were ascertained, other and graver symptoms presented themselves, viz: vomiting and strong cramps of the extremities, cold tongue, blue lips and hands, and a pulseless wrist, and not least, rice-water discharges, presenting me at once with the most striking features of a true case of sporadic cholera, or "cholera Americana," so that no one, though like myself, having never personally seen one before, could for a moment be in doubt about it.

I so reported the case to the officer present, advising her removal to Bellevue Hospital, in a close carriage as soon as she was better, and the sun shone less warmly. Whilst the officer went to report the case and call in help, I personally procured medicine and administered at short intervals, according to the recommendations of Drs. HORNER and HARTSHORNE, from eight to ten drops of chloroform, and ten drops of the spirits of camphor, ice to eat, especially when her lips turned blue.

The cramps were always allayed by frictions, not having any mustard, which I should otherwise have used as sinapisms over the abdomen and extremities. I thus worked for two hours, when Dr. B. F. DAWSON, one of the inspectors of the "Board of Health," made his appearance.—He agreed with me as to the disease, approved of my treatment and also of sending her in due time to Bellevue.

At the doctor's suggestion, I added ten drops of laudanum to each dose of the former medicine and administered brandy. Dr. DAWSON hearing the good result Dr. DALTON, the superintendent of the Board of Health, of this city, obtained on injecting four ounces consisting of equal parts of brandy and a strong decoction of green tea, suggested the propriety of trying it in the case before us. We employed it once, but precisely with what result, would be difficult to say, since the other remedies were likewise continued. Doubtless it is worthy of a fair trial. Having both worked another hour and a-half, the patient, feeling considerably better and stronger, her pulse having been restored by bathing hands and wrists in hot water, she was conveyed to Bellevue Hospital, at 6, P. M.

On her way thither she sat up in the carriage and ate pieces of ice, and reached the hospital in about the same condition; presenting these symptoms on her admission—vomiting, purging, cramps of the stomach and extremities, blueness of the skin, with cold extremities; her urine was found

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aluminous, containing hyaline casts. She gradually improved, being very much better on Thursday, perspiring quite freely and having had no more discharges since the previous night. However, on Friday she all at once presented a typhoid type, viz: delirium, coma-vigil, and carphologia. On being left for a moment by the nurse, she left her own bed and occupied another, some distance from hers. She died at 11 A. M., on Sunday July 1st.

Feeling no small interest in the patient, though poor and abandoned, I followed up the case by visiting her at Bellevue, on Wednesday, the day after her admission, and on Thursday and Saturday succeeding. She was alone in a ward of the pavilion, attended by Dr. AMABILE, the house physician and Mrs. ELIZA MILLER as nurse, Dr. LOOMIS being the attending or visiting physician.

Her treatment in the hospital was briefly the following: Tuesday evening, ten grains of calomel, sinapisms over the chest, abdomen and soles of her feet. Forty drops every two hours of the following: R. tincturæ opii; tincturæ camphoræ, et tincturæ capsici part æq.

The extremities and abdomen were bathed with the following: R. tincturæ capsici f.3ss. spir. vin. rect. f.3vij. M. And during the night she took five powders, containing gr. t morphiæ sulph. each. She also received an injection of brandy and water, about two ounces of each.

Wednesday, June 27. In the morning, ten grains of calomel. Morphiæ sulph. gr. t was continued. For vomiting she received two tablespoonfuls aquæ calcis in same quantity of milk every hour, but this doing no good was discontinued, and the following substituted: R. bismuthi subnit. 3ij.; morphiæ sulph. gr. j. M. et ft. chart. No. vi. S. one powder every three hours.

Thursday, June 28th. Much better to-day. Received a tablespoonful of beef-tea every half hour, and a teaspoonful three times a day, of the following:

R. Strychniæ sulph.,	gr. j.
Quinæ sulph.	3j.
Tinct. ferri chloridi,	f.3ij.
Syrup. simpl.,	f.3j.
Aquæ,	f.3ijss. M.

Friday, June 29th. Passed into a typhoid state. Received forty drops every two or three hours of the following: R. tincturæ catechu, camphoræ, capsici, opii, partes æq.

The morphiæ sulph. gr. t was continued every two hours till sleep followed.

Saturday, June 30th. About the same treatment was pursued, so on Sunday, July 1st, when she died at 11 A. M.

On Monday, July 2d, I witnessed the post mortem, as performed by Dr. JAMES BROWN BURNET, one of the house physicians, which revealed the following interesting pathological facts of the case:

Rigor mortis of the legs, not of the arms.

Weight of the brain 46 oz., healthy, its membranes likewise healthy.

Pleuritic adhesions on both sides.

Weight of right lung 1 lb. 6 oz.

“ left “ 1 lb. 1 oz.

The upper lobe of left lung quite tuberculous, containing a small cavity at its apex. The lower lobe contained a few tubercles and a small cavity at its base. The lower part of upper lobe of right lung tuberculous. But a few scattered tubercles throughout the rest of the lung.

Heart healthy, weighing 8 oz.

Liver slightly fatty, weighing 3 lbs. 12 oz.

Kidneys fatty, weighing together 10 oz.

Ulceration of both the large and small intestines, from stomach to anus. On the large, small scattered round ulcers were visible, with thickened edges, and considerable injection, but apart from the ulcers. On the small intestines, Peyer's patches were much ulcerated, presenting a worm-eaten appearance. Solitary glands were in many instances, also, ulcerated, and at times stood out enlarged as small white bodies, the size of a pin's head. The principal trouble was confined to the lower half of small intestines. Mesenteric glands not enlarged. Intestines contained one gill of fluid faecal matter, stained throughout by bile. Gall bladder full. The uterus presented a slight corrosive ulceration at the os. There was also a similar ulceration of vagina, surrounding the neck, some of them moderately deep. Weight of uterus 1 oz.

Remarks. That this has been as true a case of cholera as any one presenting itself this season, I state without any hesitation. I mean sporadic or American cholera, for I do not believe that there has been so far, a single case of true epidemic Asiatic cholera in our midst, nor more sporadic cases this summer than most other seasons.

These cases are all produced by some external or internal local cause, call it poison or what you please. The subject of our article evidently brought hers on by great fatigue, loss of sleep at night, and imprudent life, drinking strong spirits, lager beer, ginger beer, mineral, soda, and ice-water, &c., without moderation. Cholera was evidently but the remote, whilst uræmia the immediate cause of her death, as proven by the post mortem, and explained by the coma. Al-

though the tenement of so many diseases, the patient might have lived yet quite a time, but for the attack of cholera, and under all human probability would have recovered from the latter, but for the former grave complications. I am open to confess that I believe brandy to have been contraindicated in this case, whether given by the mouth or by enema.

While I do not agree with Dr. URE, of Edinburgh, who says that "there never was a greater error committed than that of giving capsicum, mustard, camphor, brandy, &c., in cholera," I do believe that they are frequently contraindicated. My readers will know when brandy is useful, and when detrimental in dysentery; it is the same in cholera. My next case of cholera I shall treat in the following manner: put from five to ten drops of an equal proportion of sulphuric and nitric acid into a tumbler of water, with a little sugar, and have the patient to drink freely of the mixture. At first, both vomiting and purging will likely be more frequent, but the discharges will become more consistent as you push the remedy resolutely. On the following day I would administer: R. pulv. rhei. gr. j., and pulv. opii. gr. $\frac{1}{2}$ every three or four hours. I am indebted for the above to a doctor who passed through two true epidemics, one at Paris, the other at Strasburg.

BIOGRAPHICAL SKETCHES OF Distinguished Living New York Physicians.

BY SAMUEL W. FRANCIS, A. M., M. D.,

(Fellow of the New York Academy of Medicine.)

II.

John William Draper, M. D., LL. D., etc.

"Spent them not in toys, in lusts, or wine,

But search of deep philosophy.—ABRAHAM COWLEY.

DR. DRAPER was born in St. Helens, near Liverpool, England, May 5th, 1811, and was the son of JOHN CHRISTOPHER and SARAH DRAPER. As soon as his physical frame warranted a close application to study, his father, who was a clergyman, of the Wesleyan Methodist order, availed himself of the privilege accorded his profession, and sent his son to a public school at Wood-House Grove, where he became instructed in the primary branches of an English education, and subsequently made rapid progress in the more intricate paths of mathematics while under the guidance of private tutors, who also awakened zeal in the investigation of chemistry and physiology. A later course was faithfully followed out in the University of London, and the doctor's formal education was finally completed at the University of Pennsylvania, whence he was graduated M. D. 1836, hav-

ing visited his family in America three years before. Much of Dr. DRAPER's rudimental chemistry was instilled into his mind when a student in the office of DR. TURNER, a man qualified, in many respects, to teach.

Previous to the study of medicine, he had entered into no business engagements whatever, and as an additional proof of his fitness for this responsible profession, on asking him if he would be a doctor again, he replied "yes; it is an honorable profession." DR. DRAPER's thesis was on "Glandular Action," and met with so favorable a reading by the faculty, that it was at once reported for printing, and aided not a little in bringing his original mind and careful study before the community.

Almost immediately after receiving his diploma DR. DRAPER was called to fill the chair of Professor of Chemistry, Physiology and Natural Philosophy, at Hampden Sidney College, Virginia, where he remained till 1839. From that time to the present, a period of over a quarter of a century, he has continued to lecture to the student and write works of merit. Among his first contributions may be found those published in the "American Journal of Medical Sciences."

In company with DR. MARTYN PAYNE, VALENTINE MOTT, GUNNING S. BEDFORD, GRANVILLE SHARP PATTISON and JOHN W. REVERE, he inaugurated the New York University Medical College, of which they were the founders; and in 1841 was elected Professor of Chemistry, Physiology being associated with that chair in 1850.

Though DR. DRAPER practiced in Virginia during the early part of his experience as a physician, and subsequently in New York; with him private investigations; the development of some scientific hypothesis, and a certain and never-failing desire to expose the fallacy of popular mistakes, have occupied his time and with better results, that he has not been able to devote his energies to the practical treatment of disease. To condense a criticism it might be truly said of him that he has spent more time and patience in the discovery of preventing disease, by hygienic laws, the result of experiment, than many flourishing and practicing physicians, during a life-time of cases, who are too apt to wear a rut in their minds and go on in the usual way, while he takes nothing for granted that cannot be proved. During these hours the doctor has unfolded mysterious truths of startling import. It is through his agency that we feel that the heart is not the principle or only source of circulation, but that capillary attraction and muscular exertion are entitled to profound attention. So, also, during his chemical

experiments he did much for the photograph; and not a few improvements in the present sensitive action, as well as other original processes, are due to his genius. To him are we indebted for the practical application of the action of light in regard to the daguerreotype process of taking portraits. But that which is peculiarly novel in enunciation and striking as to its originality, is the doctor's theory of what might be called panto-photography. Some four years since I attended a lecture of Professor DRAPER's, which he delivered before the students and faculty of the University Medical College, and in it he clearly stated that it was his belief that no action at any time under any circumstances, or in any place, goes unrecorded. In other words, that a man striking a person in a room or in a court-yard, is permanently photographed on the stone or surrounding sides, whatever they may be. Of course, the next deed is photographed over this by the action of the air and light. But if the tombs of the Pharaohs could be opened, DR. DRAPER stated that he believed, by a proper series of actions, the funeral procession, of over four thousand years ago could be brought to view. This idea alone is grand; and though merely what TERENCE might call a *homunculus*, it calls up pleasant feelings for me to assert that I, for one, believe in this, and that in a few years it will be employed as a means of detection.

Dr. DRAPER was married to Miss ASTORIA C. P. GARDNER, in England, and has had six children. His two sons, JOHN C. and HENRY DRAPER, are fast following in the footsteps of their illustrious father. The Smithsonian Institute recently published a work, by Dr. HENRY DRAPER, on the Telescope and Silver Lenses, he having taken the largest photograph of the moon on record. This honor is only one of many, both of his sons being professors of chemistry, physiology, and natural philosophy in different institutions.

Though fifty-five years of age, and having passed much of his time in the laboratory, Dr. DRAPER's health is unimpaired, and an observance of hygienic laws will enable him to live till many of his original and wonderful prognostications are realized, and the community convinced. His last visit to Europe was paid in the year 1860, when he found much that was interesting, and refreshed his mind by the absence of that haste which is peculiarly idiopathic in an American country.

On asking the Doctor why he did not smoke, I received the laconic answer, "It is a dirty practice." This is not all his opinion, for some remarks in his physiology will show that he deems the use of tobacco as a luxury exceedingly in-

jurious, and, to a certain extent, an acquired and morbid taste. Nor does he stand alone in this view, for, at the present time, the French savans are treating the subject with the profoundest attention, and, by a statistical reasoning, show that it is not merely a "slow poison," but, in not a few cases, speedily affects the mind, eyesight, and digestive organs, besides deranging, to an alarming extent, the nervous system.

There are those who have maintained, in their severe criticisms of the Doctor's writings, that he is in many respects devoid of religion, and that an atheistical atmosphere pervades his works. In the face of all this slander I wrote to the Professor, informing him, that as I was about to prepare his biography, I desired to know what his religious faith was, and received in reply, over his own signature, the comprehensive statement that it was "Protestant Episcopal." Gratifying, indeed, is it to be able thus to record in print that one more illustrious man is a follower of the true faith!

Professor DRAPER has paid more attention to physiology and chemistry than any other branch of science, though much of his time has also been employed in the study of botany, natural history, and the higher order of optics.

His height is 5 feet 5 inches, and weight 158 lbs.; his countenance ruddy, hair and eyes dark, and appearance that of enduring stoutness.

As a lecturer he is concise without being ambiguous; distinct in enunciation, calm and unimpassioned in utterance. He will explain the phenomena of lightning, or manufacture prussic acid, with the same measured tone with which he lectures on milk; and having told his story so that all can comprehend, leaves enthusiasm to his hearers.

His self-possession is remarkable. I remember on one occasion, that a lump of phosphorus slipped down his sleeve while lecturing to his class. We all knew that the burn would be rapid and serious. But simply saying, "Gentlemen, phosphorus ignites spontaneously, and cannot be extinguished with facility; you will therefore excuse me," he quietly left the room, removed his coat; took out the piece that had not yet taken fire, returned, and resumed his lecture with a precision that can only be equalled by the exactness of a fine organ—that has been suddenly stopped, and, when set in motion, takes up the melody where it had left off.

Dr. DRAPER is a member of many literary and scientific societies at home and abroad; and was recently elected an honorary member of the New York Historical Society. He is also a Fellow of

the New York Academy of Medicine, and President of the University Medical College, New York.

His works are as follows:

1. Text-book on Chemistry.
2. Text-book on Natural Philosophy.
3. Treatise on the Forms that produce the Organization of Plants.
4. Treatise on Physiology.
5. History of the Intellectual Development of Europe.
6. Thoughts on the Civil Policy of America.
7. Many Memoirs in American Periodicals.
8. " " English "
9. " " French "
10. " " German "
11. " " Swiss "
12. " " Italian "
13. His "Contributions" to the London and Edinburgh Philosophical Magazine would make 1 vol. 8vo. of 1000 pages.

There are few descriptions in the world more subtle, minute, or poetically beautiful, than his "Theory and Explanation of the Philosophy of Hearing."

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
April 21st, 1866.

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Necrosis of Fibula.

John S—, twelve years of age. On the outer side of the right leg three openings are perceived, over the fibula. The probe introduced into them comes in contact with a rough surface, that of the bone denuded of periosteum. These openings communicate with the cloacæ, or orifices in the new shell of bone, enclosing the dead portion of the shaft of the fibula.

The boy was placed under the influence of chloroform, and then the openings were connected by an incision, and the sequester extracted from the new bone surrounding it. The interior was next scraped, the semi-organized granulations surrounding the sinuses removed and the parts syringed with water. The edges of the wound were drawn together with adhesive strips, and the limb directed to be wrapped in a strong solution of acetate of lead and opium and to be kept in an easy, elevated position. One-quarter of a grain of morphia was ordered for this afternoon, and a dose of laxative medicine for to-morrow morning and a somewhat antiphlogistic regimen enjoined.

Encephaloid Disease of Thigh.

Cornelius H—, aged ten years. Last November the boy, fell striking his left knee, and giving rise to what was supposed at the time to be

a contusion. Pain, swelling, and impairment of function were the immediate results. He had, however, prior to this some, though but trifling difficulty in the articulation. His health, up to the time of the fall, was good. About two months ago, the joint, together with the upper part of the leg and the lower part of the thigh, became much enlarged and this enlargement has continued. Now there is great swelling, a tumor, which is not uniform in its consistence, extending up a very considerable distance beyond the patella on the one hand and below it on the other. The limb is flexed almost at a right angle. The boy has suffered extreme pain, and his general health has been rapidly declining within the last few weeks. The only resource is amputation of the thigh.

The history of the case and the appearance of the limb indicates that it is one of encephaloid disease. There is an immense amount of heat in the part, and here and there a softish, spot as if there were fluctuation, and there is very considerable enlargement of the subcutaneous veins. Although this enlargement of subcutaneous veins is not peculiar to encephaloid disease, yet there is something in its appearance which is almost characteristic. The lymphatic ganglions of the groin are soft and but very little enlarged. The disease seems to be chiefly confined to the lower portion of the thigh bone.

The boy was placed under the influence of chloroform and the femoral artery compressed by the finger of an assistant. The flap operation was performed, the incisions being extended over the tumor where the integument was healthy and thus the bone was sawn off near the middle, making a long stump. Very little blood was lost. A number of muscular branches required ligation.

A dissection made of the amputated limb showed encephaloid of the femur; the bone was cellulated. The joint was scarcely affected. The disease principally involved the anterior portion of the thigh bone. There was a large amount of disease of the lymphatic ganglions in the popliteal space. In all probability, the affection commenced in the periosteum.

The parts will be brought together by a metallic interrupted suture, and the stump placed in an easy elevated position. The boy will take an anodyne and milk punch freely, together with nutritious food.

LONG ISLAND COLLEGE AND HOSPITAL, }
Session, 1866.

CLINIC OF PROFESSOR E. N. CHAPMAN.

Reported by Alex. J. C. Skene, M. D., Clinical Assistant to the Chair of Obstetrics.

Menorrhagia following a Miscarriage.

History. Mary B—, aged 30 years, is married, and has had six children. She was quite healthy until the birth of her last child, one year ago. The labor was tedious, and the placenta was retained five hours after the delivery of the child. At this time she was very much prostrated by the loss of blood, and subsequently she did not enjoy her former strength. Three months ago she had a miscarriage at the third month.

This left her more debilitated than before. One month afterward the menses returned naturally, but since then every two weeks.

Present condition. The patient has a pale, sallow, appearance, and is very much debilitated. The appetite is poor, the stomach disordered, and the bowels constipated. The abdomen is distended from flatulency, and there is tenderness on pressure in the superpubic and left iliac regions. She is menstruating freely at the present time.

Treatment. Directed her to take as much rest in the recumbent position as possible, and to use cold drinks, and light nutritious food. Prescribed:

R. Liq. ferri persulphatis, f. $\frac{3}{4}$ iss.
Aqua font., f. $\frac{3}{4}$ j. M.

Sg. Twenty drops every four hours.

Directed also a dose of castor oil a day or two hence, should the bowels remain constipated.

May 11th. The patient failed to confine herself in bed, and the oil, not acting on her bowels, she is still constipated, yet feels much better and stronger. Continued the same prescription, and gave in addition:

R. Magnesiae sulph., $\frac{3}{4}$ ij.
Potassæ bitart., $\frac{3}{4}$ j.
Aqua font., $\frac{1}{2}$ j. M.

Sg. Take in sufficient doses to keep the bowels regular.

May 18th. Improving, continued the same treatment.

May 28th. The bowels are still torpid, and she has increased symptoms of gastric derangement. The menstrual discharge has stopped, excepting an occasional slight show. Prescribed:

R. Pil. hydrarg., gr. xv.
Pulv. jalapæ, gr. j.
Ext. colocynth, comp., gr. vi.

Saponis, gr. ij. M.

Ft. pil. No. iv. Sg. To be taken at bed-time. After the action of the pills, the following to be used:

R. Spr. frumenti,
Tr. colombæ, aa f. $\frac{3}{4}$ ij.
Tr. zingiberis, f. $\frac{3}{4}$ j. M.

Sg. Two teaspoonfuls before meals.

Patient did not return.

Commentary. From the history of this patient it appears that her ill health dated back to her last confinement, when she suffered a great loss of blood. The debility thus induced was perhaps the cause of the miscarriage, which added greatly to her trouble, and superinduced an engorged condition of the uterus. Her present affection—menorrhagia—is a frequent sequel of miscarriages, especially when they occur in those of feeble health, and proper care is not taken in the after-treatment. Patients frequently resume their usual employment before the uterus has recovered from its congested and relaxed condition. This imprudence keeps up the engorgement, and interferes with the normal process of involution. Hence menorrhagia is almost sure to follow as a consequence. In treating all such cases, the object to be held in view, is to restore the general health, and, at the same time, arrest the discharge. Rest, and the persulphate of iron,

are the most effectual means for checking the menorrhagia; and iron, Peruvian bark, and animal food, are the most efficient agents to improve the quality of the blood, and strengthen the nerve-centers. In passive uterine hemorrhage, these agents combined are what we must rely upon more especially.

Malignant Diseases of the Uterus.

Epithelial Cancer, or Cancroid of the Uterine Neck.

History, obtained June 14th, 1865. Catharine H—, aged 39 years, is married, and the mother of five children, the youngest of whom is eight years old. She was healthy until about eleven months ago, when she began to suffer from leucorrhœa, which, troubling her only occasionally at first, has been free and constant for the last three months. Her menses—formerly regular—have come on every three weeks since her other symptoms appeared, and have been too free at times. There is a burning, scalding sensation in the vagina, and frequent and sometimes painful urination. No other pelvic symptoms are present, excepting a dull aching pain in the sacral region. The bowels are regular, but the appetite is poor, and the patient, though well developed, and in good flesh, has a dark, sallow countenance, and feels debilitated. A speculum examination revealed enlargement and congestion of the neck of the uterus, and detachment of epithelium on the anterior lip of the os uteri, giving a granular appearance to the part, and bleeding freely on being touched. The os was open, and a free leucorrhœal discharge came from it. The upper part of the vagina was congested, and on its posterior wall there was a spot, denuded of epithelium, corresponding to that on the lip of the os uteri. Tonics were prescribed with the view of building up the general strength; and the local disease was treated by scarification, until the congestion was relieved, then caustic applications were made to the cervical canal. The patient improved in strength, and the local congestion of the uterine neck disappeared, but the inflammation of the cervical canal did not yield to the treatment. The leucorrhœa persisted, and the epithelium was not restored to the lip of the os uteri. The treatment was assiduously employed, but still the disease lingered in a mitigated form in the cervical canal. Some degree of improvement followed each application of caustic, but the leucorrhœa and cervical inflammation returned, so that the case remained in *statu quo*.

October 26th. Ten months from the time she first called at the clinic. The portion of the anterior lip of the os, where the epithelium had been detached, presented an ulcerated appearance, looking as if the substance of the mucous membrane had been destroyed by some corroding caustic, and was healing up by large granulations. Acid nitrate of mercury was applied, and repeated in a week afterwards. The case—as had been expected on her return—was now considered to have assumed a malignant character, and local treatment was, consequently, suspended, excepting vaginal injections of borax.

December 5th. On examination it was found that the ulcer on the anterior lip of the os had

healed, but on the posterior lip an ulcerated patch resembling the original had appeared. Acid nitrate of mercury was applied, and the injections continued.

Present condition, April 4th, 1866. A digital examination revealed enlargement of the uterine neck, which has an irregular surface. The speculum shows a well-marked epithelial cancer or cauliflower excrescence; the uterine neck presenting an appearance resembling a very ripe strawberry, or an hypertrophied and highly inflamed tonsil. There was free leucorrhœa and the local symptoms had increased in severity. The patient was ordered to continue the injections, so far as was necessary for cleanliness, and comfort; and to have nutritious but not stimulating food.

May 1st. States that she feels much better, has no leucorrhœa of any account, and less severe pelvic symptoms, but she has a more cachectic appearance and has been losing flesh. The local disease is progressing rapidly.

Commentary. In this case a very good opportunity was afforded for observing the commencement and course of this form of cancer. As a rule the services of a physician are not requested until the disease has made considerable progress. Hence the incipient lesions rarely come to our notice. The clinical record also is a very good example of the early history of cauliflower excrescence, so obscure in its first stage, and difficult of diagnosis. Epithelial cancer of the uterus, as a rule, does not appear before middle life, but most frequently comes on sometime prior to the cessation of the menses.

The exciting cause is, doubtless, inflammation or simple uterine disease, which precedes, as it did in this case, the appearance of the malignant affection. Although cancer is constitutional its local development is favored by inflammation or irritation. This view is taken by most pathologists, at least VIRCHOW holds this opinion. This explains why epithelial cancer is so frequently developed on the cervix uteri when inflamed, especially when that inflammation has been of long standing.

The pathology of cauliflower excrescence is not easy of comprehension. Nor are there many opportunities for studying it in its early stages. This arises from the fact that it does not prove fatal until considerable decomposition of the organ has taken place and the primary lesions have disappeared, giving place to the suppurative process of the disease. It is ordinarily first developed in the lips of the os tincæ and from thence spreads to the neck and body of the uterus. The starting point is doubtless in the parenchyma of the cervix, when it appears in the form of large, roundish or irregularly shaped and scattered groups of cells, contained in alveoli and disseminated through the tissues. The anatomical characters first observed in the living subject are papillæ or villosities which appear on the mucous membrane around the os uteri and resemble granulations in a healing ulcer. These papillæ consist of large capillary blood vessel sometimes forming a single loop, but at other times, a plexus or net work; these are held together by connective tissue, and covered by epithelium and

layers of peripheral plates. The papillæ are at first single, but in time ramify and become longer, larger and more irregular. Decomposition then follows and they are broken down by ulceration. During this stage the diseased part presents the appearance of an ordinary cancerous ulcer. This ulcerative process goes on, the disease extends until the patient, exhausted, succumbs. It is by no means easy to make a positive diagnosis in the early stages of this affection, because the papillæ or granular points, which the lesions first present, are not to be distinguished from the mucous membrane denuded of its epithelium as appears in uterine disease, nor from condylomata of a benign character which are occasionally formed on the neck of the uterus. The principal point of distinction is, that carcroids produce a fluid which, when brought in contact with the neighboring parts, exercises a contagious or irritating influence. This was what led us to make the diagnosis early in the case in question; the diseased spot on the lip of the os uteri resting on the posterior wall of the vagina, causing a like abnormal process to be developed there.

Another important diagnostic point is that the disease resists treatment. Were it possible for us to determine during life the condition of the parenchyma or substance beneath the papillæ we might be able to make a correct diagnosis, since in carcroids the peculiar degeneration which characterizes it takes place beneath the villi. In these peculiarities it differs from benign affections which are generally superficial.

Carcinoma Uteri.

History. Margaret T—, aged 45 years; is married and the mother of twelve children, and has had one miscarriage, at the third month of gestation. Two years ago her menses stopped, but reappeared eighteen months afterwards, and from two months after that date they returned every two weeks, and were natural in every way, excepting as to frequency. For the last four months she has had a constant leucorrhœal discharge, mixed, most of the time, with blood. She has pain in the back, and a sense of weight and pressure in the pelvis, increased by walking, but relieved by lying down. For sometime she has had burning and scalding sensations in the vagina, and frequent, sometimes painful urination. The action of the bowels is irregular, being either constipated or too free, and her appetite is poor.

Present condition, April 9th. The patient is quite fleshy, but has a very anaemic appearance, and a feeble pulse. She has had free metorrhage for the last two days. A digital examination revealed an enlarged condition of the uterine neck, which had a cartilaginous, irregular and nodulated surface. The lips of the os felt as if covered with large soft granulations. The speculum showed the neck to be very much congested, and the lips of the os uteri covered with granulations, appearing like the enlarged papillæ of cauliflower excrescence. There was free hemorrhage, of a light color, proceeding from the granulations, around the os uteri. Observation by the speculum was rendered difficult by the constant flow of blood, and all efforts at removing it only increased the flow.

Treatment. A pledget of cotton, saturated in liquor ferri persulphatis, was applied through the speculum to the bleeding surface, and held there by the uterine sound, and the speculum was removed. She was ordered, as a laxative,

R. Magnesiae sulph., 3ij.
Potasse bitart., 3j.
Aqua font., Oij. M.

Sg. A wineglassful night and morning, or sufficient to keep the bowels regular.

The patient was directed to keep her bed, use cold drinks, apply cold water to the hypogastric region, and have nutritious diet.

Progress of the case. Two days after her first appearance at the clinic she was seen at her house. The hemorrhage had nearly ceased since the application, there being only a slight oozing of dark bloody serum. She was ordered an injection of water, which brought away the cotton and some small blood clots.

Tinctura ferri chloridi, in ten drop-doses, was prescribed, and the patient permitted to get out of bed, but ordered to avoid active exercise for some time.

April 20th. No hemorrhage, excepting a slight stain. Continued the salts and cream of tartar, as the bowels were still inclined to be constipated. Prescribed,

R. Tinc. ferri chlor., f.3ss.
Quiniae sulph., gr. xv.
Aqua font., f.3iiss. M.

Sg. A teaspoonful, in water, three times a day.

May 25th. Hemorrhage has entirely ceased. She has an acrid serous discharge from the vagina, but it has not the odor of a discharge from a supurating cancer. The bowels are regular. Prescribed:

R. Ferri pyrophosphatis, 3iiss.
Tinct. columbei, f.3ss.
Aqua font., f.3iiss. M.

Sg. A teaspoonful, three times a day, before meals.

She desired to go to the country for a time, and was permitted to do so, with instructions to return if the hemorrhage came on again.

June 29th. She was taken with hemorrhage a day or two ago, and passed some large clots of blood. The neck and body of the uterus have enlarged very much. The body nearly fills the pelvic excavation. The neck is smooth, the papillæ or granulations having been thrown off, and has a bluish congested appearance. She is still constipated, and is suffering from large external hemorrhoids. Continued the salts, and the tonic last prescribed, and ordered ice to the hemorrhoids to reduce their size, and directed her to push them back within the sphincter ani.

July 3d. She complains that the salts have lost their efficacy. Her hemorrhoids are much less troublesome, but she finds defecation impossible until the uterus—which is now laying low in the pelvis—is pushed up. Ordered:

R. Ext. sennæ fluid., f.3v.
Syr. rhei. arom., f.3iiss.
Tr. rhei., f.3ss. M.

Sg. Two or more teaspoonfuls night and morning, or pro re nata.

Commentary. The symptoms of cancer of the uterus are sometimes obscure at first, and in cases where they are well marked, they so closely resemble those of benign diseases and displacement, that they do not decidedly indicate any malignant affection. Age is a very important point to be taken into consideration. When symptoms of uterine diseases appear, after the change of life, they should always excite suspicion, metrorrhagia coming on years after the menses have stopped, as in this case, is an important symptom of cancer. The acute lancinating pain characteristic of cancer, is often wanting when the uterus is the organ involved, as the case in question illustrates, there having been no such pain complained of by her. The local signs as observed by the touch and speculum, taken in connection with the age and history, are the most reliable means of diagnosis. When the disease involves that part of the uterus within reach of the finger—as it does in a great majority of cases—the hard cartilaginous consistence, and the nodulated irregularity of form is pathognomonic of carcinoma. The granular condition of the os in this case gave rise to a question, whether it was not cauliflower excrecence, but that condition disappearing in a short time removed all doubt on that point.

In treating carcinoma uteri, the general health should be maintained so far as possible, and constipation if present relieved, as any confinement of the bowels greatly aggravates the local symptoms. Hemorrhage is often a troublesome symptom, and should be arrested when that is practical. When the blood comes from any point within reach it can be readily stopped by the persulphate of iron. Rest in the recumbent position is also a very servicable adjunct. When the disease advances to the stage of decomposition, little more can be accomplished than to relieve pain and keep the patient clean by the use of injections.

EDITORIAL DEPARTMENT.

Periscope.

Capsicum in Delirium Tremens.

In the hospital reports of the *Medical Press and Circular*, the value of capsicum in delirium tremens, is highly spoken of.

In Dr. Lyons' practice some well marked cases have occurred. A tavern waiter of chronically intemperate habits, was admitted to the Whitworth hospital in the first stage of the disease. There was tremor in almost all the muscles; chilliness, debility, sleeplessness, foul tongue, severe and general uneasiness, but no illusions, horror, or delirium, to any degree. A single twenty-grain dose of capsicum, given in a bolus, induced sleep and full convalescence, the disease having been peremptorily cut short.

Another case illustrates the success of the drug when opium had completely failed to alleviate the symptoms, and rather seemed to aggravate the patient's condition. The case was that of an individual who had taken six grains of opium, with

in a period of two or three days, without sleep being procured, or any relief to the illusions, tremor and general distress. After a twenty-grain dose of capsicum in bolus, profound and refreshing sleep for twelve hours was induced, and the patient awoke conscious and restored. In an almost precisely similar instance, a thirty grain dose had to be given a second time before full relief was procured. In one or two instances of individuals of confirmed and extremely intemperate habits, it was found necessary to repeat the dose some three or four times.

Regarding the physiological action of the remedy, Dr. LYONS' explanation is, that it produces a powerful stimulant and sedative influence by its direct action on the gastric filaments of the vagi. Slight uneasiness in the stomach has been complained of in one instance only after its use, and in two instances, somewhat smart purgation was noticed, but without evidence of intestinal or other irritation.

As at present employed, the drug is administered in bolus made up with honey of roses. But Dr. LYONS suggests the feasibility of giving it in capsule.

Reviews and Book Notices.

Paralysis from Peripheral Irritation. By S. Weir MITCHELL, M. D., Member of the National Academy of Sciences; Honorary Corresponding Member of the British Medical Association, etc., etc., Extracted from the N. Y. Medical Journal. New York: 1866. Pp. 67.

Reflex Paralysis. Its Pathological Anatomy, and Relation to the Sympathetic Nervous System. By M. GONZALEZ ECHEVERRIA, M. D., (Univ. of Paris), Physician to the Charity Hospital, New York, formerly Assistant Physician to the National Hospital for Paralyzed and Epileptics of London, etc., etc. New York: Bailliere Bro's, 1866. Pp. 80.

These papers have great interest for those who desire to keep up with the advances recently made in physiology and pathology. Practitioners of medicine and surgery ought at least to be acquainted with the fact, that palsy may result from other causes besides apoplectic or degenerative lesion of the brain or spinal cord, or division or destruction of nerves.

Dr. MITCHELL gives the history of the study of "paralysis without apparent lesion." Older writers, as TORESTUS, WILLIS, ABERCROMBIE, etc., give only scattered cases. Dr. MITCHELL avers that a reference made by two late authors to

WHYTT is incorrect. This must be owing to his having sought for the citation in the works of that writer (1768), while the reference of BROWN-SÉQUARD is to his treatise on NERVOUS DISORDERS (1765); where, p. 18, it is mentioned, quoting HILDANUS, that "numbness of the left arm and leg, etc., have been occasioned by a glass ball

sticking in the ear." STANLEY first indicated a connection between certain cases of palsy and disease of the kidneys. GRAVES described cases due to different visceral affections. So did RAYER; and further allied observations have been made by LEROY D'ETIOLLES and others. More recent discussion of the subject has been, in Europe, principally continued by GULL, JACCOUD, and HANDFIELD JONES.

Dr. MITCHELL's opportunities, in the special hospital for surgical affections of the nervous system, opened in this city, during the war, were favorable for this inquiry. We take from his paper the following list of the varieties of palsy claimed, by different writers, to be of peripheral origin, (p. 5):

1. Paralysis arising during diseases of the genito-urinary organs.
2. That which occurs during or just after dysenteries, diarrhoeas, super-purgation or in connection with worms.
3. Such as arises during or after pneumonia or pleurisy.
4. Such as is seemingly brought on by dentition.
5. The paralysis of diphtheria, fevers, eruptive disorders.
6. Such as seems to be occasioned by cold, or by cold and moisture.
7. Paralysis due apparently to external injuries."

Careful analysis of the cases reported under these several heads, removes many of them from the category of paralysis from peripheral irritation, and shows others to deserve the name rather of pseudo-paralysis. Visceral affections, such as nephritis, pneumonia, etc., have been proved in very rare cases to originate palsy, in the absence of cerebro-spinal lesion. Dr. ECHEVERRIA gives one instance in which temporary paralysis followed uterine irritation. Even dentition is considered by Dr. MITCHELL to be of less importance in the causation of convulsions as well as of paralysis, than is generally supposed. In this, our observation has not coincided with his. Practically, we are convinced of the frequently great value of division of irritated gums in preventing as well as relieving convulsions and infantile paralysis. The connection between the morbid cause, symptoms, and prompt relief from the remedy, has been, often, too obvious for doubt. But, simple paralysis, uncomplicated with convulsions, under this causation, is, no doubt, uncommon.

Typhus, typhoid fever, scarlet fever, and diphtheria, are well known to have paralysis among their sequelæ. But no good reason exists for supposing this kind of palsy to be of reflex origin in any sense. Blood-poisoning and secondary affections of the nervous centres will better explain it.

BROWN-SÉGUARD asserts paralysis following exposure to cold and wet to be also reflex. This is surely a hypothesis less probable than almost any other to be thought of. Even in Dr. GRAVE's cases, there is insufficient evidence as to this causation.

Wounds or injuries of the nerves afford, then, nearly all the clear instances of motor palsy resulting from peripheral irritation. "In the best cases, an injury is suddenly followed by paralysis in a remote limb; changes in the wound occasion increase or lessening of the palsy, and relief of the wound is very speedily followed by that of the motor defect."

Apart from motor palsy, no clearer instance of reflex paralysis can be wanted than that mentioned long ago by MORGAGNI, in which amaurosis was suddenly produced by a blow upon the eyebrow, affecting the supra-orbital nerve. Of the same nature was MANSFIELD JONES's case of "inhibitory paralysis," in which the external rectus muscle of the eye was paralysed during the existence of a whitlow on the thumb; the squint disappearing after a piece of dead bone was removed from the phalanx. Such, too, was that related by LAWRENCE, in which blindness of one eye, of thirteen months' standing, was cured at once by the extraction of a carious tooth, with a splinter of wood projecting from one of its fangs. These are simple cases, and very important in their practical bearings.

The theoretical explanation of reflex paralysis is a more complex subject. It has been made more so by the ratiocinations of Dr. BROWN-SÉGUARD, who has probably introduced more difficulties into modern physiology and pathology than any other investigator has ever made or solved. The hypothesis of this distinguished biologist is, essentially, that peripheral irritation causes prolonged spasm of the spinal arteries, inducing deficiency of nutrition in the cord; and hence results the paralysis. This is hardly now maintained by any other authority; GULL, JACCOUD, HANDFIELD JONES, MITCHELL, and ECHEVERRIA, have in turn exposed its untenability. For pure reflex paralysis, what is called *inhibition* by HANDFIELD JONES, best expresses the nearest approach we can make to an explanation. Dr. MITCHELL's view is nearly identical; involving *exhaustion* of the nerve-centres from an overwhelming irritation; functional only if brief, but producing lesion of structure if prolonged.

Dr. ECHEVERRIA, in the monograph before us, seems to have devoted his attention chiefly to the lesions, local and central, connected with the rare and obscure forms of paralysis referred to.

On his first page occurs the remark, that "to name them *functional* is obviously in opposition to our knowledge that material modification in the organs is essential to disease." And the final sentence of his work is the following: "Unless a more than heretofore careful registration of a greater number of cases should prove that the cadaveric lesions here described were exceptional, the fact of peripheral and central nervous alterations peculiar to reflex paralysis will remain unquestioned, making the theory of disease without any departure whatever from the normal structure of anatomical elements still more untenable."

Although, in such a statement, the term "disease" is itself capable of ambiguity, we must observe, that disordered action, morbid perturbation of organs, is certainly to be considered possible, with no more material alteration than the wire undergoes in transmitting a charge of electricity, or an eye in receiving a flash of light; no change which is either appreciable or permanent. The word *functional* ought therefore to be retained; and we believe that Dr. MITCHELL and others have proved the existence of a certain number of cases of reflex paralysis which are *functional*. But Dr. ECHEVERRIA has rendered great service to this department of pathology by showing, as he has well and elaborately done in this essay, with illustrations, that in very many instances where cursory inspection had failed, or would have failed to find alteration, microscopic examination has discovered important lesions. Some of the most interesting of his observations are those upon alterations found in the nerves and muscles in a part affected with paralysis. This discussion of *amyostenia*, or muscular debility, and its causation, is excellent.

We commend the study of this whole paper to all who are interested at all in his subject. Dr. ECHEVERRIA deserves the more credit for his laborious investigation of such a topic, because the number of those who will read appreciatingly his account of its results, is perhaps not very great.

— Professors DUMMREICHER and PITKA have closed their lectures at the University of Vienna, and have joined the army. DUMMREICHER goes to the head quarters of the Northern, PITKA, to that of the Southern army. Both of them are accompanied by an operating staff.

— At a meeting of the Harveian Society, of London, it was stated by Dr. HART VENEN, that the patient upon whom Cæsarian section was recently performed under local anaesthesia, by means of RICHARDSON's method, was now quite well.

Medical and Surgical Reporter.

S. W. BUTLER, M. D., *Editor and Proprietor.*

PHILADELPHIA, JULY 28, 1866.

A CHAPTER ON "ARMY ITCH."

We have on our table half a dozen communications on "Army Itch," called out by those already published in the *REPORTER*, a fact which shows at once the importance of the subject and the interest which the profession feels in the elucidation of the pathology and treatment of this miserable malady.

Our space does not permit the publication of all the communications on hand, in full, we make however, such extracts from these letters as will give their most important points.

Dr. J. E. JACKSON, of Fallston, Pa., writes: "It is called by some, 'Army Itch.' This is not a good name. It is one that never can be universally adopted; for the very obvious reason that it is older than the rebellion. I saw and treated this disease eight years ago, and have now in my mind the name and circumstances of the family in which it first occurred in my practice. Since that time I have scarcely been without a case—subject however, to its ever-recurring periods of remission and revival. One of your correspondents, Dr. WOOD, very truly remarks that 'Army Itch,' is not even a good common name," for he had treated the disease seven years ago and I fully incline to this opinion.

"The first patients that I was called to treat with this disease, eight years ago, were in the families of men who followed the thoroughfares of navigation in the capacity of deck-hands. Being annoyed with its intractable character, I searched all the standard writers for aid, in vain; but, in the course of my personal conference with the afflicted, obtained traditionary evidence that a similar disease was then common in some parts of the South-west, and was known as the "Illinois Itch." And in treating the disease at that time, desiring to have a name more free from geographical objection; I called the disease "Prairie Itch"—just for my own use; and have been using that term in connection with the disease ever since, for the want of a better name. While some of us are calling it one thing, and some another, there are others who are treating this eruption every day, and do not know what to call this common pest—only to find themselves in trouble, when some shrewd and teasing patient desires to know—

What makes him play, the "Scotch Fiddle" by day,
And scratch'ng by night—the wee hours away.

"The pathology of the disease under consideration, is still obscure. I have long been convinced, that the violence of this disease is caused by parasitic influence of the *epizoa* species—differing only in habit and vitality from the *acarus scabiei* of the old common or School Itch. The latter is always disposed to act on the exposed parts of the body—as the hands, and especially between the fingers, flexures of joints, and finer parts of the skin—while the former works to better advantage under cover, and prefers other districts of the body, such in particular as the neck, arms, chest, abdomen and especially the inside of the thighs. It differs also, in vitality, for sulphur sublim. in any preparation; hydr. oxid. rubri and iodide of potassium, &c.,—specifics in the old common itch, —in my experience, have no effect on this modern parasite. Dr. BUTLER, has described in such graphic terms the physiological phenomena of this terrible "scourge of the skin," that it would be redundant to detail them here. I would add however, in this connection, that in infants, I have often seen the disease on both *face* and *feet*, but, never in the adult. Not long since, a child was brought me literally covered; the former physician mistaking the case for chicken-pox, treated it for that disease six weeks—surely a venerable case of varicella. I also incline to the opinion expressed by Dr. WOOD, that through time it will assume several stages, having seen it, by criminal neglect, degenerate to boils and even open ulcers; which had to be changed from a specific to a simple sore, before they would heal.

"Treatment. When I first saw this eruption, like most new beginners, I was disappointed in getting complete cures. I searched all the books in vain and made many *harmless* prescriptions—rarefied the blood with salines, iodized and mercurialized my patients, but, this formic parasite still lived. I thoroughly tested the old sulphur treatment, and it signally failed in every instance; and never found but two, even of the many preparations of mercury, that would have any effect on the disease. The following treatment, after having failed with many others, is the one I have universally adopted, and cures at once in every case—if the directions are followed. When an alternative is indicated, I direct the following internally.

R. Liq. iodinii comp.

" Potassæ arsenitis, $\frac{1}{2}$ f. $\frac{1}{2}$ ss. M.

Sig. Take 12 drops, in sweetened water, after eating—children according to age. Keep the bowels soluble by equal quantities of magnesia sulph. and potassæ bitartratis *pro re nata*.

"As an external application I use the following.

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which may be made in any desired quantity, still observing the proportions:

R. Hyd. ammoniae chlorid.,	
Potass. nitrat.,	aa 3ij.
Potass. carb.,	3ss.
Sulphur. iodid.,	3ij.
Adipis recentis,	3v.
Ol. bergamot,	f.3ss. M.

"Rub the affected parts every day—during the evening exacerbation; wash every other day with *strong country soap* and soft water, with brisk rubbing to destroy the vitality of the ova—after each washing, change all clothes worn next the skin. I often prescribe no medicine internally; but depend on the ointment alone. I appreciate highly the prescriptions of Drs. BUTLER and WILSON, and believe they will cure. So confident also am I in the treatment which I have suggested, that if I ever have a case that it will not cure, I will regard it as a fit subject for the "World's Fair."

"In conclusion, I would remark, that although the disease in many respects, is very closely allied to the *prurigo formicans*, of the books; yet in my opinion it is *sui generis*, separate and distinct in its pathological character from all other eruptive diseases, and requires a different course of medication. I would suggest to the profession, that with mutual consent we relinquish all arbitrary and preferred names, and call the disease "Epidemic Itch." We will rest in hope, however, that forthcoming authors, at least, will do justice to the matter, and give us one name—one pathology and one treatment for this annoying disease."

Next Dr. B. F. RECORDS, of Paradise, Mo., writes:

"We have the same disease in the West, known as 'Illinois itch,' 'Missouri mange,' 'Prairie bugs,' etc., and it is a very formidable disorder to cope with.

"I have tried a great many things as remedies, but have seen all fail until last October, when I had a very severe case which seemed determined to baffle all treatment. So I fell on the following prescription.

R. Sulphur.,	3ij.
Cupri sulphas,	3j.
Hyd. ox. rub.,	
Solid ext. aconite,	aa 3ss.
Adipis,	3ij. M.

"Sg. Rub on twice a day for three days, then wash and put on clean clothing.

"Under this treatment the patient was cured immediately. Since then I have used it in some twenty other cases, with perfect success in all."

Dr. JAMES J. TYREE, of Waynesville, Mo., writes: "The name given it there, would seem to imply

either that it had its origin in the army, where large masses of men were congregated together in barracks, hospitals, or 'the tented field.' Or that by 'the march of armies' it had been introduced into those States (Northern and Eastern,) which latter may be correct. But to say that the disease originated in the army, would certainly be incorrect, unless some army is meant of an earlier date than any that was brought into the field during the late rebellion. It is not my intention, however, to object to the name. I merely wish to say that the disease in question, did exist, abundantly too, some years before the late rebellion brought armies into the field, in Missouri, if not elsewhere. Dr. E. A. WOOD of Pa., has given a very good description of this affection in the *REPORTER* of the 27th of January, 1866, and any person familiar with the disease would very readily recognize it in his article on "Army Itch." There is however, one phenomenon *peculiar* to this disease, that I believe he omitted to mention. That is, the vast amount of thin, yellowish fluid that continually exudes from the patches of inflammation, in certain stages of the disease. So abundant is this pouring out of serum from the inflamed parts, that you would hardly fail to notice it. It literally keeps the linen thoroughly drenched as if with water.

"I met with several cases of this troublesome malady as early as the summer of 1858. And I believe that most practitioners of that day and time (in this State) will agree with me in having seen the disease thus early.

"It was known among the people by various names, as the 'Missouri mange,' 'Bastard itch,' etc. The former of these appellations (Missouri mange) is the one perhaps, most in use in this State. I have heard it designated by that name, by some of the leading Professors and Surgeons in St. Louis. Well do I remember my perplexity and confusion in trying to arrange it under some of WILSON's or NELIGAN's classifications of diseases of the skin. I was equally confounded in my treatment of the disease, for two or three years, and even up to this time, the treatment is somewhat unsatisfactory. The best remedy with which I am acquainted for the radical cure of the disease, is arsenic, internally, with an occasional external application of red precipitate ointment. Thus,

R. FOWLER's solution, four or five drops, three times daily, dropped on a piece of bread and taken during the meals, or immediately afterward.

R. Hydrargyri oxidi rub.,	3iv.
Fresh butter,	3vi. M.

"This unguent should be applied to the affected parts once or twice a week. This treatment may

have to be continued a long time in some instances, even five or six weeks, before it will effect a cure. But if persevered in a sufficient length of time, I believe it will never fail.

"When, or from what source this disease made its first appearance, I am not prepared to say. But I am of opinion that it was introduced here, (in this State,) by some of the Indian tribes of the South-West."

Dr. P. J. FARNSWORTH, of Iowa, writes next :

" You have given place, of late, to several articles on a mysterious and intractable disease that has lately invaded the East, which they designate by the euphonious title of 'Army itch.'

" In this country we recognize it as an old acquaintance, under the name of 'prairie dig,' or 'Western itch.' It seems to be indigenous here, or at least has been since the memory of the 'oldest inhabitant.'

" I have always regarded it as an undescribed cutaneous disease, allied to *Prurigo mites*, or *formicans*, though it may be that it takes that form in a later development. It may be dependent on an animalcule, like its namesake, scabies, as there are some reasons to believe, but which at present has not been determined.

" It is contagious, and associates with nearly every other form of papular or vesicular disease. It does not, like scabies, first attack the hands, and appear between the fingers, but more frequently manifests itself on the body or limbs. When warm in bed, an intense itching begins, or when warm from exercise. There is at first no appearance of papulae or vesicles; scratching seems to aggravate, instead of allaying the torment. In some cases eczema results, in others pustules are produced, and impetigo or lichen, or some other forms of cutaneous disease.

" It is, no doubt, occasionally associated with scabies and then affects the hands and fingers. Its most common habitation is on the limbs, or chest. It is, I repeat, very contagious, sometimes infesting whole neighborhoods or towns.

" It is difficult to manage in its complicated form, and requires a variety of treatment. Alone, it is easily cured, a wash of sharp vinegar, or a lotion of bichloride of mercury, will cure it on one or two applications. Ointments of sugar of lead, or of oxide of zinc, or of sulphur, are often necessary to rid us of its associates.

" Uncomplicated, the disease yields readily to the following :

R. Hyd. bichl. gr. xx.
Aquaæ rosæ, f. 3j. M.

S. Wet the affected parts at night.

" Bath of soap and water. If it takes on the form

of eczema, glycerine may be substituted for the rose-water.

" Fowler's solution, taken in small doses for some time, is often necessary to rid the patient of the associated diseases, but has little effect on the primary disease. Sulphur ointment will not cure it, though there are many reasons for believing that an animalcule is present.

" Strict cleanliness is the best prophylactic. Children of good families seldom take it, though often in contact with it on the streets and at school. Travelers put into dirty beds often take it. Adults and children, (and there are many) to whose bodies soap and water are strangers, take the disease and keep it, to the annoyance of their neighbors and the doctors.

" In my own experience I have found skin diseases in greater number and variety in the West, than at the East. It must be from some peculiarity of soil or climate, and not from any difference of habit among the people; and in the 'army itch,' I have no doubt, the East has received a new specimen of 'Western productions.'

Finally, Dr. F. K. LEE, of Mechanicsville, N.Y., writes :

" Army itch has prevailed in this section of country to a great extent. The treatment which I have found successful in numerous cases, among all classes and ages, has been iodide of potassium internally, and the external use of sulphur ointment, daily, at bedtime."

THE LATE J. THEODORE CALHOUN, M. D.

It becomes our sad duty to announce to our readers the death of J. THEODORE CALHOUN, one of the youngest and most promising members of the medical staff of the army of the United States. A graduate of one of the schools of this city, shortly before the outbreak of the rebellion, upon the first summons of his country he offered his services, and became one of the medical officers in the old Sickles's Brigade. Shortly after the Harrison's Landing campaign, he resigned and entered the medical staff of the regular army as an assistant surgeon. He stood high on the list of merit, and the year 1863 found him Surgeon-in-Chief of the Second Division, Third Corps, Army of the Potomac. Here the writer of this notice first became acquainted with him. At the battle of Gettysburg, when, in consequence of the absence of the Medical Director of the corps, the duty devolved upon him of acting in the place of the latter, he was conspicuous for the untiring energy, zeal, and devotion with which he arranged and established the field hospitals of his corps.

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NOTES AND COMMENTS.

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Throughout the memorable campaigns of the Army of the Potomac under GRANT, after his Division had been consolidated with another, and the Third Corps into the Second, he took an active part as Assistant Medical Director of the corps, under Medical Director A. N. DOUGHERTY. His determined, energetic ways, and his high administrative and executive talents, however, soon found an ampler field in the Colored Hospital at City Point, in charge of which he was placed. The hospital, when he arrived to assume the responsibility of its affairs, was in a deplorable condition. We can testify to his unceasing labors at this post. We remember, at one time, that he had but three medical officers with him, and between eight hundred and one thousand patients. His body knew no fatigue, and his mind was ever active.

Released from his labors at this point, he was placed in charge of the Ward U. S. General Hospital at Newark, N. J., where he remained until the establishment was broken up. Through his energy, the splendid Pavilion Hospital was established in that city, which is now owned by the State, and was, a short time ago, opened as the New Jersey "Soldiers' Home," under command of Dr. DOUGHERTY.

Some time ago, Dr. CALHOUN was ordered on duty at Hart's Island, N. Y., a large recruiting rendezvous. A few weeks ago, it was announced that Asiatic cholera was raging among the recruits on the island, having been brought there by some recruits recently emigrants from Germany, and the first announcement of the existence of the epidemic on the island was almost immediately followed by the sad news that Dr. CALHOUN had succumbed to the scourge on the 20th of July, after but four hours' illness.

Dr. CALHOUN's contributions to medical literature, in spite of the difficult circumstances under which they were written, engaged as he was in the arduous duties of the field, and surrounded by the discomfort of campaigns, were many and interesting. Our readers remember them. They show the *aim* and *enthusiasm* with which our lamented friend cultivated his science and his profession.

To conclude in the language of Dr. DOUGHERTY:

"Our friend is dead, but his good deeds live after him; and an honorable name, dear to his mourning relatives.

"He was a patriot, proved to be so by a patient endurance of the unspeakable hardships of the rough campaigns of the Army of the Potomac.

"He was a kind-hearted, genial, and obliging comrade.

"He was an industrious and able cultivator of his profession.

"And he has fallen, like a good soldier, at his post, contending manfully for others against the fatal pestilence which is struggling to establish itself in our midst. Heaven rest his soul!" L.

PROGRESS OF THE CHOLERA.

Cholera is on the increase in *New York*. The record in the office of the Sanitary Superintendent, for the 48 hours ending Sunday, July 22d, includes twenty-one cases, of which ten had proved fatal.

Among the victims of the disease is Dr. THOS. D. ANDREWS, of Brooklyn, who, while on a visit to some friends, in New York, on Saturday afternoon, July 21, was suddenly seized with the disease and died on Sunday morning.

In *Brooklyn*, especially in the Twelfth Ward, which is spoken of as being in a very filthy and insalubrious condition, cholera is also prevailing in a malignant form. Seven deaths were recorded for July 21st, with several patients in collapse and unfavorable prognosis.

From *Savannah*, July 21, four deaths are reported among the troops on Tybee Island, on that day, and seven new cases had occurred July 22d, with five additional cases. Twelve deaths had taken place since the troops left New York.

Notes and Comments.

British Medical Officers of the Army and Navy.

In consequence of the very unsatisfactory status which medical officers occupy, in the British army and navy, both pecuniarily and in rank, the government is not only unable to fill existing vacancies, but the material which presents itself for examination, is scientifically of a very low character. At the last examination for the navy, three candidates presented themselves, so we are informed by the *Med. Press and Circular*, and all three had to be rejected, though there were seventy vacancies. Dr. STOKES declares that such is the indisposition among the better class of medical students, to enter the army and navy, that the sweepings of the class of medical students presented themselves for examination before the boards.

As an illustration of the scientific attainments of candidates, Dr. PARKES, gave some specimens of the replies of the rejected candidates. One gentleman did not know the big bone of the arm from the little one, when both were shown to him; another replied in writing to the question, what would he do if he had to treat a wounded blood-

vessel, that he would immediately amputate the limb above the injury. Another man, who had been two years at a London school and one year at a Scotch school of medicine, had never heard that the term scabies is applied to a disease called the itch. Another divided foods into nitrogenous, such as all vegetables, and non-nitrogenous, all meats, including carnivora, sub-divided into albuminous, such as hens' eggs; fibrous, such as the meat of the ox or sheep; caseous, milk and cheese, and gaseous, soda water!

These specimens of rejected candidates, who have gone through their regular courses in medical schools, certainly give one no very high opinion of the state of medical education in Great Britain, or of the medical officers of the army and navy.

One More Unfortunate.

We have received the twelfth and last number of the *Gazette Médicale*, which has been published for a year past in Montreal, Canada. It adds another to the many unsuccessful attempts to maintain a periodical medical literature in Canada.—We trust that the profession of that province will rally around the *Canada Medical Journal*, and sustain it well, for it is worthy of support. The *Gazette* was an excellent journal, and we are sorry to part with it.

Elephantiasis Arabum.

The case of *Elephantiasis Arabum*, operated on recently, by Dr. JULIUS S. THEBAUD, of New York, (see MED. AND SURG. REPORTER, April 14th and June 30th 1866,) we are glad to learn has *fully recovered*. A correspondent in New York writes, "the man is now perfectly well and walking about. He has erections, and emissions, and is, of course, wonderfully pleased."

Correspondence.

DOMESTIC.

Letter from New York.

New York, July, 17, 1866.—*Diei* }
fervidissimum tempus. }

EDITOR MEDICAL AND SURGICAL REPORTER:

Dear Perspiring Friend.—Can we not truly say, that if the melancholy Dane had lived in these sweltering days, he would have had no just cause to invoke his "solid flesh to melt and vanish into thin air." For verily humanity is now decidedly liquid, immensely sudorific, and how *not* to melt, is the question. With the thermometer

standing at 100° in the shade, and the bare thought of the glaring sun, unpleasantly suggestive of speedy death by "coup de soleil," while every pore streams with the abundant refuse of vital cookery, you would hardly expect for much activity in anything; and the sheer reflection upon such grave and arduous work as medical discussions, profoundly elaborated in the solemn conclave of societies, is enough to send the thermometer up an additional degree—which would be quite useless. The societies, like all things else, prone to liquidity—have dissolved. The ponderous Academy no more astonishes us by the profundity of its speculations, or the fervidity of its disputes. Its integral parts are seeking cool weather and intellectual vigor at the sea side and on the mountains. The Pathological Society no longer delights us with rare and curious disquisitions upon still more rare and curious scraps of putrescent humanity.

Ossified hearts, cystic kidneys, and cancerous lungs, have none to sing their praises, and for a while they may rest peacefully in their unopened cavities. The genial CLARK no more discourses in slow and stately measure concerning the mysteries of the pneumonic cell, or the vagaries of cholera. PARKER with his energetic snap and irrepressible aim, no more pleasantly wrangles with Brother Wood of Bellevue, concerning phosphor-necrosis or fractures ununited. We miss the elastic step and faultless make-up of the fastidious ELLIOT, learned and profound, if he *does* wear good clothes. GRISCOM, too, he of the reverential visage and solemn gray whiskers, with kindly eyes beaming beneath those inevitable spectacles, is not. He hath ceased to ventilate; more is the pity! for 'if, by ventilation, he could diminish this pestilential fervidity, or prevent us by some ingenious air apparatus from mingling our sweat with our ink, we would canonize him at once. But time would fail me to tell you how many of our greater medical luminaries have ceased to rotate in the orbit of our societies. Heat and argumentation are incompatible. Silent and dead are the halls which once echoed to their tread, and the places that knew them are deserted and vacant. Your *most* faithful reporter has, therefore, nothing to do but patiently scribble and sweat, wondering as he writes, how to get to the arctic regions, and thinking of liquefied cordwainers, or as the vulgar have it, "iced cobblers;" or if you would have me chemically express it, a mixture of dilute hydrated oxide of ethyle, crystallized protoxide of hydrogen, and sacharrine matter, duly compounded, and furnished with a straw through which it is not unpleasant to seek cool

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comfort, and think of the "tip-top house" on the White Mountains, solid carbonic acid gas, frozen mercury, and the like.

After so much by way of preface, need I tell you that the medical world is at present "flat, stale and unprofitable" and suggest to you the propriety of shutting up shop for the season, so as to give the overworked editor, and all hands, the benefit of a brief respite, or a chance to flee to the mountains? But you will not do it. Hot or cold, people must have their "REPORTER;" and editors like the fabled Ixion are doomed perpetually to revolve in the orbit of their ceaseless duties, till their lively atoms, worn out by incessant toil shall mingle with the elements, and then—we shudder to think what becomes of them. Perhaps in another world they continue to revolve and are perpetually pestered for "copy" by a demon aptly even in *this* world termed a "devil." I have written this epistle to relieve you from his insatiate demands, at the expense of pounds of water, distilled through my dermal covering. I have written so, if the Demon cometh, and crieth "Copy sir!" hand him this.—Farewell. I am going up in the Adirondacks to fish for trout: *VALE,—sit sudor tibi levius.*

Yours,

GOTHAM,
Redivivus.

A Medical Society in Cumberland Co., Pa.
EDITOR MEDICAL AND SURGICAL REPORTER:

It may be a matter of interest to your many readers to know, that the physicians of Cumberland county have, *at last*, concluded that it is well for brethren "to dwell together in unity." Accordingly, pursuant to a call issued some time previously, a number of the fraternity—twenty-four in all—met in the Court-house, in Carlisle, on Tuesday, the 17th inst., and effected a temporary organization, by appointing Dr. JOSEPH CRAIN, of Hogestown, Chairman, and Dr. G. W. HALDEMAN, of Newville, Secretary.

On motion, a committee to report permanent officers was then appointed, consisting of Drs. DALE, HERRING, ROBINSON, HAYS and BOWMAN.

Also, one to report a Constitution, By-Laws and Fee-bill, for the government of the society.

After a short absence, the Committee on organization reported the following for the present year, viz., for President, JOSEPH CRAIN, of Hogestown; for Vice-President, WM. RANKIN, of Shippensburg, and DALE, of Carlisle; Recording Secretary, G. W. HALDEMAN, of Newville; Corresponding Secretary, S. B. KEIFFER, of Carlisle; Treasurer, J. B. HERRING, of Mechanicsburg; Censors, J. J. ZITZER, of Carlisle, W. W. NEVIN,

of Shippensburg, E. H. COOVER, of New Cumberland, M. F. ROBINSON, of Newville, and E. B. BRANDT, of Mechanicsburg.

The society is to be known by the name of THE MEDICAL SOCIETY OF CUMBERLAND COUNTY, and is, according to the rules, to meet thrice every year.

G. W. H.

Newville, Pa., July 18, 1866.

Erratum.—In REPORTER for July 14th, p. 30, line 24 from top, second column, for tonic, read toxic.

News and Miscellany.

American Ophthalmological Society.

The third annual meeting of this Society was held at the Massachusetts Eye and Ear Infirmary on Tuesday, June 12th, and at the City Hospital on the following day, the President, Dr. EDWARD DELAFIELD, of New York, in the chair. Twenty-two members were present; the cities of Boston, New York, Albany, Philadelphia, Baltimore, Chicago, and Cincinnati, being represented.

FIRST DAY.—Dr. H. B. SANDS, of New York, reported a case of limitation of the field of vision from an extra-ocular cause, illustrated by drawings taken at different periods.

Dr. DYER, of Philadelphia, gave the results of an examination of the eyes of Probst the murderer before and after the execution. After the body had been cut down, each crystalline lens was found to be opaque and to be fractured *in situ*.

Dr. HILDRETH, of Chicago, read a paper on a form of Anaesthesia of the cornea and persistent contraction of the pupil, accompanying certain cases of pannus, and relieved by the performance of Hancock's operation. This paper gave rise to a lengthy and animated discussion, at the conclusion of which the Society went into executive session and admitted several new members.

SECOND DAY.—Dr. HAY, of Boston, explained and demonstrated certain optical facts relating to the ophthalmometer of Helmholtz.

Dr. DERBY, of Boston, read a paper on the necessity of employing greater accuracy in determining the acuteness of vision.

Dr. NOYES, of New York, reported several cases of retinal separation, operated on by him according to the method of Von Graefe.

Dr. JEFFRIES, of Boston, explained certain facts relating to the anatomy of the ciliary muscle, illustrated by drawings and preparations.

The stated discussion on the various operations for the removal of cataract followed, and occupied the remainder of the session. This discussion will be given in full in the Transactions of the Society.

In executive session, the following officers were elected:—President, Dr. EDWARD DELAFIELD. Vice-President, Dr. HENRY W. WILLIAMS. Corresponding Secretary, Dr. HERMANN ALTHAF. Recording Secretary, Dr. HENRY D. NOYES.

On the evening of the first day, the Society was most hospitably entertained by Dr. J. H. DIX, at his residence; and on that of the second, the

Boston members had the privilege of offering a supper to their brethren from a distance.—*Boston Med. and Surg. Journal*, June 28th.

New York University.

At the commencement of the New York University, June 21st, the following, among other degrees, were conferred:

Master of Arts.—Charles H. Ludlam, M. D., James Brown Burnet, M. D., Cornelius Van Riper, M. D., of class of '63.

Doctor in Philosophy.—J. Ghislain Durant, M. D., New York.

Doctor of Medicine.—Alex. W. Stein, N. Y.; Edwin A. Knight, N. H.; D. B. T. McBean, C. E.; Oscar T. Sherman, N. Y.; Charles M. Stanley, N. H.; R. Perez Martinez, West Indies; Emilio A. Sanson, West Indies; J. W. McAfee, Oregon; Jirges Churu Kyan, of Latakia, Syria; Nerses Kulugian, of Marash, Turkey; Kerock Guluzyan, of Marash, Turkey.—*N. Y. Med. Record.*

Severe Surgical Operation.

Mr. A. N. CLARK, of the *Hartford (Conn.) Courant*, publishes, in that paper, over his own signature, an account of a severe operation performed on him, by Dr. J. M. CARNOCHEAN, of New York, aided by Dr. G. S. GREENE, of Hartford, and others, for the removal of a fungoid growth involving the bones of the face. He says :

"The operation lasted one hour and a-half, much longer than would have been required had not the surgeon been obliged to explore as he proceeded. It was found that the disease extended inward toward the nostril, extending upward as far as the base of the skull; behind it was located, back of the pharynx, on one side and in front it bulged forward, causing considerable protrusion of the left cheek, the affected side. The integuments of the cheek were discolored, but had not as yet become ulcerated."

Hottest Weather for a Century.

The following statement from Yale College will be read with interest:

"This afternoon, at 3 P. M., my thermometer, suspended in the shade on the north side of the New Haven Hotel, indicated 103 $\frac{1}{4}$ degrees, being the highest temperature known to have been obtained in New Haven since 1778, a period of eighty-nine years. The highest temperature recorded before the present season was 102 degrees, viz., June 24th, 1864. Previous to this the thermometer had been twice observed at 101 degrees, viz., in 1798; and there have been three other cases in which the thermometer has risen to 100 degrees, viz., in 1781, 1800, and 1845, making in all seven known instances, in which a thermometer fairly exposed in the shade has risen to 100 degrees and upward."

"The period just passed has been quite as remarkable for the long continuance of extreme heat as for its intensity. Within a period of

eleven days, the thermometer has risen five times to 95 degrees and upward. Since 1778 there has been only one other instance in which the thermometer has risen to this height; five times during the same summer, viz., 1845; and these cases are spread over an interval of thirty-six days. During the same period, there have been but two other cases in which the thermometer has risen to 95 degrees, as many as four times during the same summer, viz., in 1780 and 1798.

"The hottest month at New Haven since 1778, was the month of July, 1825. The heat of the past thirty days has been somewhat higher than that of July, 1825; so that we seem authorized in asserting that the heat of the recent period has been more intense, and the extreme heat has been longer continued than has occurred before in eighty-nine years, and probably for a much longer period.

E. LOOMIS.

"Yale College, July 17, 1866."

The "heated term" continued two days longer, the thermometer sinking some ten degrees on Thursday, the 19th.

Provision for those who Become Insane in the Public Service.

An act to extend to certain persons the privilege of admission, in certain cases, to the United Government Asylum for the insane.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That civilians employed in the service of the United States, in the quartermaster's department and the subsistence department of the Army, who may be, or may hereafter become insane while in such employment, shall be admitted on the order of the Secretary of War, the same as persons belonging to the Army and Navy, to the benefits of the Asylum for the Insane in the District of Columbia, as now provided by law in reference to soldiers and sailors in the Army and Navy.

Sec. 2. *And be it further enacted,* That the following classes of persons, under the following circumstances, shall be entitled to admission to said asylum on the order of the Secretary of War, if in the Army, or the Secretary of the Navy, if in the Navy, to wit:

First. Men who while in the service of the United States, in the Army or Navy, have been admitted to said asylum, and have been thereafter discharged therefrom on the supposition that they had recovered their reason, and have, within three years after such discharge, become again insane from causes existing at the time of such discharge, and have no adequate means of support.

Second. Indigent insane persons, who have been in the same service and been discharged therefrom on account of disability arising from such insanity.

Third. Indigent insane persons, who have become insane within three years after discharge from such service, from causes which arose during and were produced by said service.

Approved July 13, 1866.

JULY 28, 1866.]

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Sanitary Arrangements in the Austrian Army.

A letter in a New York exchange, dated at Vienna, says:

Vienna is placarded with appeals for lint and bandages, and for offers to take sick and wounded soldiers into private houses. Already we see ambulances coming from the railway station filled with sick soldiers, who have been sent here from the Northern camp. The sanitary service in the Austrian army is now most thoroughly organized, as follows:—Each brigade of seven battalions has connected with it a sanitary detachment, composed of an officer, seven corporals, and eighty men, charged with conveying the wounded to the rear.

The provisional ambulances, in which the first immediate treatment is given to the wounded, are situated at from a thousand to fifteen hundred feet in the rear of their respective corps. A guide of seventeen men and four stretchers are also placed at the special disposal of the surgeons of the brigade. Each army corps contains a sanitary company of two hundred and six men, with thirty-seven wagons, in which from a hundred and fifty to two hundred wounded can be transported.

The army hospitals are placed at about a mile in the rear of the line of battle of their respective corps, and are furnished with all the proper medicaments, pharmacies, laboratories, kitchens, &c. Each *corps d'armée* has connected with it a reserve sanitary company, with two wagons containing surgical instruments, medicines, &c. These reserve companies are put in communication with the field of battle, the hospital, &c., by a horse service.

Pension Examining Surgeons.

New York—Dr. IRA SHEDD, Arcade.

Tennessee—Dr. WM. H. McCONNEKIN, Murphreesboro.

—Dr. ROBERT KEY GREVILLE, well known as an exceedingly active philanthropist, and one of the best botanists in Scotland, died at Edinburgh on June 4th, in his seventy-second year. He was not only a distinguished botanist and natural historian (his large collections of plants and insects were purchased by the University of Edinburgh), but also a good landscape-painter. He took a prominent part in the agitation against slavery in the British colonies. His published works are "Flora Edinensis," "Scottish Cryptogamic Flora," "Algae Britannicae," and, in conjunction with Sir W. J. Hooker, "Icones Filicum," besides numerous papers in various scientific journals. He was an honorary member of many learned institutions, among them the Philadelphia Academy of Natural Sciences.

—Dr. THOMAS WATSON of England, has been created a Baronet. SYME the Surgeon is expected soon to receive the same honor.

—AMBROSE A. BUTTS of Auburn, Ohio, recently lifted a dead weight of 2737 3-4 pounds, which is the greatest lifting feat on record. He has been practicing at intervals during the last six years.

—The Leroy (N. Y.) *Gazette* says: "The wife of JOHN MICHAELS, of Bethany, finished hoeing potatoes on Friday, and on Monday gave birth to three daughters—one weighing 11 $\frac{1}{2}$, another 11 $\frac{1}{2}$, and another 10 $\frac{1}{2}$ pounds—all as lively as Guinea pigs."

—Dr. H. B. SANDS has been appointed attending surgeon at Bellevue Hospital, N. Y., vice Dr. WILLARD PARKER, resigned.

—The sum of three dollars has been fixed upon by the Commissioners of Charities and Correction, as the fee for attendance upon the Clinical lectures of the Bellevue and Charity hospitals, New York.

—Dr. J. H. DOUGLASS has resigned as editor of the *New York Medical Journal*.

—Of the 5081 patients in lunatic asylums in Scotland at the beginning of the present year, 262 had been there for more than twenty years, 63 for more than thirty years, 12 for more than forty years. One will next year complete half a century passed in a mad-house.

—Professor AGASSIZ says that the strip of "highlands which divides the waters flowing into the St. Lawrence from those flowing into the Atlantic" is the oldest land in the world. It was once a lonely sea beach, washed by a universal ocean.

—Dr. JOHN YOUNG, F. R. S. E., has been appointed to fill the chair of Natural History in the University of Glasgow, made vacant by the death of Professor ROGERS.

—Dr. ISAAC COLBY and his wife, of Concord, N. H., both died, a few days since, within a few hours of each other.

Army and Navy News.

NAVY.

List of changes, etc., in the Medical Corps of the Navy, for the week ending July 21st, 1866.

Surgeons W. S. W. Ruschenberger, David Harlan, and R. C. Dean, detailed for duty as members of a Naval Medical Board for the examination of candidates for admission into the Naval Academy.

Surgeon J. D. Miller, detailed for duty as member of the Naval Medical Board of Examiners at Philadelphia, in place of Surgeon T. J. Turner, detailed as Recorder of the Board.

Dr. W. T. Terry, appointed an Ass't Surgeon from July 12th, 1866.

Act'g Ass't Surgeon Geo. L. Simpson, promoted to Act'g Past Ass't Surgeon.

MARRIED.

FRANCE—SHEED.—In Wesley Chapel, Washington, D. C., by Rev. P. B. Brown, Dr. J. M. D. France, of that city, and Miss Leida R. Sheed.

PENDLETON—WELLES.—In Hebron, Conn., July 9th, by Rev. Mr. Bell, C. H. Pendleton, M. D., and Miss Mary M. Welles, all of Hebron.

SAVERY—BASS.—In Boston, Mass., June 28th, James B. Savery, M. D., of Farmington, Me., and Miss Emma A. Bass, of Boston.

TAYLOR—ADAMS.—On the 12th of July, 1866, at the residence of the bride's mother, in Beaver, Pa., by

